

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Employer's Name]  
[Company's Name]  
[Company's Address]  
[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA) for [number of weeks] beginning on [start date] and ending on [end date]. This leave is required due to [brief explanation of the reason, e.g., a serious health condition, care for a family member, etc.].

I plan to return to work on [return date]. I will ensure that my responsibilities are managed during my absence, and I am happy to assist in transitioning my duties to colleagues prior to my leave.

Please let me know if you require any additional information or documentation to process my request. Thank you for your understanding and support.

Sincerely,

[Your Name]  
[Your Position]