

[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 leave under the Family and Medical Leave Act (FMLA) for [reason for leave, e.g., to care for a family member, due to my own serious health condition, etc.].

I am requesting leave starting on [start date] and anticipate returning to work on [return date]. [Briefly explain the situation, if comfortable, and include any relevant details about the condition or care needed.]

Please let me know if you require any additional information or documentation to process my request. I appreciate your understanding and support during this time.

Thank you for considering my request.

Sincerely,

[Your Name]  
[Your Job Title]