

[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) starting on [start date] and ending on [end date]. The reason for my request is [briefly explain the reason, e.g., "to care for my ill family member" or "due to my own medical condition"]. I have attached the necessary documentation to support my request and am willing to provide any additional information required.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,
[Your Name]