

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Company/Organization Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request Family and Medical Leave (FMLA) under the provisions of the Family and Medical Leave Act due to a medical condition that requires my immediate attention and care.

I have been diagnosed with [specific medical condition], and my doctor has advised that I need to take a leave of absence from work starting [start date] to [end date]. Enclosed, please find the necessary medical documentation verifying my condition and the proposed duration of my leave.

During my absence, I will ensure that my responsibilities are managed, and I am willing to assist in any transitional arrangements to facilitate my temporary leave. I appreciate your understanding and support in this matter.

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

Sincerely,

[Your Name]

[Your Job Title] (if applicable)