

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

Dear [Recipient's Name],

I am writing to formally request intermittent leave under the Family and Medical Leave Act (FMLA) due to [briefly explain the reason, e.g., a serious health condition]. This leave will be necessary from [start date] to [end date], with the need for [number of days/hours per week] of leave intermittently during that period.

I have attached the relevant medical documentation to support my request. I will ensure that my absence will not disrupt the flow of work and will coordinate with my team to manage my responsibilities in my absence.

Thank you for considering my request. I appreciate your understanding and support during this time. Please let me know if you require any further information.

Sincerely,

[Your Name]
[Your Job Title]