

[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],

Subject: Long-Term Care Leave Request

I am writing to formally request a Long-Term Care (LTC) leave of absence due to [brief explanation of the reason, e.g., "a family member's medical condition requiring my assistance"].

The anticipated duration of my leave is from [start date] to [end date].

I have made arrangements to ensure that my responsibilities will be managed during my absence and am happy to assist in the transition process to minimize disruption.

I appreciate your understanding and support regarding this situation.

Please let me know if you need any further information or documentation to process my request.

Thank you for considering my application for LTC leave. I look forward to your positive response.

Sincerely,

[Your Signature (if submitting a hard copy)]

[Your Printed Name]

[Your Job Title]