[Your Name]
[Your Job Title]
[Employee ID Number]

[Date]

[Supervisor's Name]
[Company Name]
[Department]

Dear [Supervisor's Name],

I am writing to formally request an intermittent medical leave of absence under the Family and Medical Leave Act (FMLA) or company policy. This request is due to a personal medical condition that requires periodic absence from work rather than a single, continuous block of time.

I anticipate that I will need to be absent for medical appointments or treatments approximately [Frequency, e.g., twice per month] for a duration of [Duration, e.g., 4 hours per instance]. I expect this need for intermittent leave to continue until [Expected End Date or "until further notice"].

I will make every effort to schedule my absences to minimize disruption to the team and will provide as much advance notice as possible before each instance of leave.

I am prepared to provide the necessary medical certification from my healthcare provider to support this request. Please let me know the specific forms required and the designated contact in Human Resources to whom they should be submitted.

Thank you for your understanding and support regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]