[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name or HR Contact Name]
[Company Name]
[Company Address]

Re: Request for Family Medical Leave of Absence

Dear [Manager's Name or HR Representative],

I am writing to formally request a medical leave of absence under the Family and Medical Leave Act (FMLA) or company policy.

I am requesting this leave for the following reason:
[Choose one: My own serious health condition / To care for a family member with a serious health condition / The birth, adoption, or foster placement of a child.]

I anticipate my leave will begin on [Start Date] and I expect to return to work on [End Date].

I have attached the necessary medical certification and documentation to support this request. I intend to complete all essential tasks and transition my current responsibilities to [Colleague's Name] prior to my departure.

Please let me know if there are additional forms or procedures I need to complete to ensure this leave is approved. I look forward to your confirmation.

Sincerely,

[Your Signature]

[Your Printed Name]