

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

[Date]

[Manager's Name or HR Representative Name]
[Company Name]
[Department]

Subject: Request for Intermittent Leave of Absence for Medical Reasons

Dear [Recipient Name],

I am writing to formally request a period of intermittent leave to manage a personal health condition related to my mental well-being. This request is made in accordance with [Company Name]'s leave policy and the Family and Medical Leave Act (FMLA), if applicable.

Due to the nature of my condition, I require flexibility to take time off on an unscheduled or periodic basis rather than in one continuous block. I anticipate that I may need [Example: 1-2 days per month / a few hours per week] to attend appointments or manage symptoms.

I intend to fulfill all my job responsibilities and will work closely with you to ensure that my absences cause minimal disruption to the team's operations. I am happy to discuss how we can coordinate my workload during these times.

I have attached the necessary medical certification from my healthcare provider which outlines the medical necessity of this intermittent leave and the expected frequency of my absences. I would like to request that my medical information be kept confidential as required by law.

Please let me know if there are further forms to complete or if you would like to schedule a time to discuss this request further. Thank you for your support and understanding.

Sincerely,

[Your Signature]
[Your Printed Name]