

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Title]
[Company Name]
[Company Address]

Subject: Request for Family and Medical Leave (FMLA)

Dear [Recipient Name],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA) for a serious health condition. I am seeking this leave to manage a mental health condition that currently limits my ability to perform my essential job functions.

I anticipate that my leave will begin on [Start Date] and I expect to return to work on or about [End Date/Return Date]. During this period, I intend to follow the treatment plan prescribed by my healthcare provider.

I am aware that I may be required to provide medical certification from my healthcare provider to support this request. Please let me know the specific forms required and the deadline for submission.

While I am away, I am committed to ensuring a smooth transition of my current responsibilities. I will complete [List specific tasks] before my departure and ensure that [Colleague's Name] is briefed on any pending projects.

Thank you for your understanding and support regarding this matter. I look forward to your response and the necessary documentation.

Sincerely,

[Your Signature]

[Your Printed Name]