

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

[Date]

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

**Subject: Request for Family and Medical Leave (FMLA) - Surgery and Recovery**

Dear [Name of Supervisor or HR Contact],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA) for a serious health condition that requires surgery and a subsequent recovery period.

I anticipate that my leave will begin on [Start Date] and I expect to return to work on or about [Return Date]. I will keep you informed if my physician adjusts this timeline based on my post-operative recovery progress.

I have attached the required medical certification from my healthcare provider confirming the necessity of this procedure and the estimated duration of my recovery. I am committed to completing all necessary paperwork and following company protocols to ensure this leave is processed correctly.

Before my leave begins, I will do my best to complete my current assignments and provide my team with the status of my ongoing projects. Please let me know if there are specific tasks you would like me to prioritize or hand over before my departure.

Thank you for your support and for processing this request. I look forward to your confirmation of my FMLA eligibility and the approval of this leave.

Sincerely,

[Your Signature]

[Your Printed Name]