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

[Date]

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

Subject: Request for Family and Medical Leave (FMLA)

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA). I need to take this leave due to my own serious health condition which renders me unable to perform the functions of my job.

I anticipate that my leave will begin on [Start Date] and I expect it to continue until approximately [End Date or "undetermined at this time"].

I intend to return to my position on [Date of Return]. I will keep you informed if there are any changes to my medical status or the expected date of my return to work.

I have attached the required medical certification from my healthcare provider [or "I will provide the required medical certification within 15 days as per FMLA guidelines"].

Please let me know if there is any additional paperwork I need to complete or if you have any questions regarding this request. I look forward to your confirmation of my FMLA eligibility and the approval of this leave.

Sincerely,

[Your Signature]

[Your Printed Name]