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

[Date]

[Supervisor's Name or HR Manager's Name]
[Department Name]
[Company Name]
[Company Address]

Re: Request for Family and Medical Leave (FMLA) - Child's Serious Health Condition

Dear [Recipient Name],

I am writing to formally request leave under the Family and Medical Leave Act (FMLA). I am requesting this leave to care for my child, [Child's Name], who has been diagnosed with a serious health condition.

I anticipate that my need for leave will begin on [Start Date] and I expect it to continue until approximately [End Date or "until further notice"].

I am requesting that this leave be taken as: (Choose one)
- A continuous block of time.
- An intermittent leave schedule (specific dates or hours to be provided as needed).

I have attached the required medical certification from my child's healthcare provider to support this request. I intend to return to my position on [Date of Return].

Please let me know if there are any additional forms or procedures I need to complete to ensure this leave is processed correctly. I will keep you informed of any changes to my expected return date.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]