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

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

Subject: Request for Leave of Absence Under FMLA

Dear [Recipient Name],

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

I anticipate that my leave will begin on [Start Date] and I expect to return to work on or about [End Date].

[Choose one option below:]

- I am requesting a continuous leave of absence.
- I am requesting an intermittent leave of absence (reduced work schedule).

I have attached the required medical certification from my spouse's healthcare provider to support this request. I intend to use [Number] days of my accrued paid leave (sick/vacation) during this period, with the remainder of the leave being unpaid as per company policy.

I will keep you informed of any changes to my expected return date. Please let me know if there are any further forms or documentation required to process this request.

Sincerely,

[Your Signature]
[Your Printed Name]