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

[Date]

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

Subject: Request for Family and Medical Leave (FMLA) - Parental Care

Dear [Name of Contact Person],

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 [Mother/Father], who has a serious health condition.

I anticipate that I will need to begin my leave on [Start Date] and expect the leave to continue until approximately [End Date].

I intend to take this leave as: [Choose one: a continuous block of time / an intermittent schedule / a reduced work schedule].

I have attached the required medical certification from my parent's healthcare provider (or: I will provide the medical certification within 15 calendar days as required).

While I am on leave, I can be reached at [Your Phone Number] or [Your Personal Email Address] if there are any urgent questions regarding my transition of duties.

Please let me know what additional forms or steps are necessary to process this request.

Sincerely,

[Your Signature]

[Your Printed Name]