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

[Date]

[Name of Supervisor or HR Representative]
[Company Name]
[Department]

Subject: Request for Intermittent Family Medical Leave Act (FMLA) Leave

Dear [Name of Contact],

I am writing to formally request intermittent leave under the Family and Medical Leave Act (FMLA). I am requesting this leave for the following reason:

[Select one:]
- To care for my own serious health condition.
- To care for a family member (spouse, child, or parent) with a serious health condition.

Due to the nature of this medical condition, I require leave on an intermittent basis rather than all at once. This may include occasional absences for medical appointments, treatments, or periods of incapacity related to the condition.

I anticipate that this intermittent leave will begin on [Start Date] and is expected to continue until approximately [End Date or "indefinitely"]. I will make every effort to schedule planned medical treatments so as not to unduly disrupt company operations, and I will follow company procedures for reporting each absence.

I have attached the required medical certification completed by the healthcare provider to support this request. [Or: I understand that I must provide medical certification and will submit it within 15 days.]

Please let me know if there are additional forms I need to complete or if you require further information 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]