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

[Date]

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

Subject: Request for Reduced Work Schedule under FMLA

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a reduced work schedule under the Family and Medical Leave Act (FMLA). This request is due to [a serious health condition that I am experiencing / the need to care for a family member with a serious health condition].

I am requesting that my work schedule be reduced from [Current Number] hours per week to [Requested Number] hours per week. I propose the following schedule: [Details of requested days and hours].

I anticipate this reduced schedule will begin on [Start Date] and continue until approximately [End Date or "until further notice"].

I have attached the required medical certification from a healthcare provider to support this request. I intend to complete my essential job duties during my scheduled working hours and will coordinate with my team to ensure a smooth transition of my remaining tasks.

Please let me know what additional forms or steps are required to process this request. Thank you for your assistance and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]