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

[Date]

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

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

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA) in connection with the placement of a child in my home for foster care.

I expect the placement to begin on or about [Date]. I am requesting leave starting on [Start Date] and I intend to return to work on [Return Date]. I would like to take this leave as a [continuous block of time / intermittent schedule].

I understand that FMLA provides up to 12 weeks of unpaid, job-protected leave within a 12-month period for the placement of a child for foster care and for bonding with the newly placed child. I have enclosed/will provide the necessary documentation from the foster care agency to verify this placement.

Please let me know what additional forms or information are required to process this request. I am happy to discuss a plan for handling my current responsibilities during my absence to ensure a smooth transition for the team.

Thank you for your support during this important time for my family. I look forward to your response regarding the approval of this leave.

Sincerely,

[Your Signature]

[Your Printed Name]