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

[Date]

[Manager's Name or HR Department]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Leave Under the Family and Medical Leave Act (Military Caregiver Leave)

Dear [Name of Manager or HR Contact],

I am writing to formally request a leave of absence from my position as [Your Job Title] under the Family and Medical Leave Act (FMLA). I am requesting this leave to care for a covered servicemember with a serious injury or illness.

The servicemember I will be caring for is [Name of Servicemember], who is my [Relationship, e.g., spouse, child, parent, or next of kin]. [He/She] is currently a [Current member of the Armed Forces / Veteran] who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness incurred in the line of duty.

I anticipate that I will need to begin my leave on [Start Date] and expect the leave to continue until approximately [End Date]. I would like to request this leave as a [Continuous block of time / Intermittent leave / Reduced schedule], depending on the medical needs of the servicemember.

I understand that I am entitled to up to 26 weeks of leave in a single 12-month period for military caregiver purposes. I will provide the required medical certification (Form WH-385 or WH-385-V) from a healthcare provider as soon as possible to support this request.

While I am on leave, I can be reached at [Your Phone Number] or [Your Email Address] if there are any urgent questions regarding my transition or work duties. I intend to return to my position on [Date of Return].

Thank you for your assistance in processing this request.

Sincerely,

[Your Signature]

[Your Printed Name]