Subject: Attached Family and Medical Leave Act (FMLA) Forms

Dear [Recipient Name/Human Resources Department],

Please find attached the completed documentation required for my Family and Medical Leave Act (FMLA) request.

The following forms are included in this correspondence:

- [Name of Form, e.g., Certification of Health Care Provider]
- [Name of Form, e.g., Notice of Eligibility and Rights]

I have completed my sections of the paperwork, and my healthcare provider has completed the necessary medical certifications. These forms support my leave request beginning on [Start Date] and ending on [Expected End Date].

Please let me know if you need any further information or if there are additional steps I need to take to finalize the approval process. I look forward to receiving your confirmation.

Sincerely,

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