

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

[Date]

[Manager's Name or HR Representative Name]  
[Company Name]  
[Company Address]

**Subject: Request for Family and Medical Leave (FMLA)**

Dear [Name of Manager or HR Contact],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA). I would like to request this leave for the following reason:

[Select one: My own serious health condition / To care for a family member with a serious health condition / The birth, adoption, or foster placement of a child.]

I anticipate that my leave will begin on [Start Date] and I expect it to continue until approximately [End Date or Return Date].

I will provide the necessary medical certification from a healthcare provider to support this request as soon as possible. During my absence, I will ensure that my current projects are up to date or handed over to [Colleague's Name].

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

Sincerely,

[Your Signature]

[Your Printed Name]