

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

[Date]

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

Subject: Request for Intermittent Leave of Absence

Dear [Recipient Name],

I am writing to formally request a period of intermittent leave of absence under the [Family and Medical Leave Act (FMLA) / Company Policy].

This request is due to [a personal serious health condition / the need to care for a family member with a serious health condition]. Because of the nature of this condition, I will require time off on an unscheduled or periodic basis rather than all at once.

I anticipate that this leave will begin on [Start Date] and continue until approximately [End Date or "Indefinitely"]. I expect the frequency of my absences to be roughly [Frequency, e.g., 2 days per month / 4 hours per week].

I am committed to minimizing the impact on my team and will provide as much notice as possible before each absence. I will also ensure that my current tasks are documented and shared with [Colleague's Name or Manager] to maintain continuity.

I have attached the required medical certification from my healthcare provider to support this request. Please let me know if there are additional forms or steps I need to complete.

Thank you for your understanding and support regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]