

[Your Name]
[Your Job Title]
[Your Employee ID]

[Date]

[Human Resources Department / Manager Name]
[Company Name]
[Company Address]

Subject: Initial Request for Family Member Medical Certification

Dear [Name of HR Representative or Manager],

I am writing to formally notify you of my need to take a leave of absence to care for a family member with a serious health condition. I am requesting this leave under the [FMLA / Company Leave Policy] starting on [Start Date] and ending on approximately [End Date].

My family member, [Family Member Name], is my [Relationship, e.g., Mother, Spouse, Child], and they require my assistance for [medical treatments / recovery / daily care].

Please provide the necessary medical certification forms that their healthcare provider needs to complete. I understand that I must return the completed documentation within [Number, e.g., 15] days of receiving the forms to ensure my leave is properly processed and protected.

I am happy to discuss how my current responsibilities can be managed or transitioned during my absence. Thank you for your assistance and support regarding this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]