Date: [Insert Date]

To: [Supervisor Name / Human Resources Department]
Company Name: [Insert Company Name]
Company Address: [Insert Company Address]

Subject: Authorization for Family Leave (Servicemember Serious Injury/Illness)

Dear [Name of Recipient],

This letter serves as formal notification and authorization request for family leave under the Family and Medical Leave Act (FMLA) and company policy. I am requesting leave to care for my [Relationship to Servicemember, e.g., spouse/son/daughter/parent/next of kin], [Name of Servicemember], who is a covered servicemember/veteran.

Servicemember Information:
Name: [Name of Servicemember]
Military Branch: [Insert Branch]
Current Status: [Active Duty / Veteran / National Guard / Reserves]

Leave Details:
The servicemember is undergoing medical treatment, recuperation, or therapy for a serious injury or illness incurred in the line of duty. I anticipate my leave will begin on [Start Date] and expect to return to work on or about [End Date].

Leave Type:
[ ] Continuous Leave
[ ] Intermittent Leave (as needed for medical appointments or flare-ups)

Attached to this letter is the required medical certification (Form WH-385 or equivalent documentation from a military healthcare provider) confirming the serious health condition and the necessity of my presence for care.

I will keep you informed of any changes to my leave schedule. Thank you for your support of our military family during this time.

Sincerely,

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