

Application for Family Leave Medical Leave

Date: [Insert Date]

To: [Employer's Name]

Company: [Company Name]

Address: [Company Address]

Dear [Employer's Name],

I am writing to formally request family medical leave due to [reason - e.g., a serious health condition affecting my family member]. As per the Family and Medical Leave Act (FMLA), I am entitled to take leave for this reason.

Please find attached the necessary medical paperwork completed by [Doctor's Name] to substantiate my request. I plan to take leave starting from [start date] and anticipate returning on [end date].

I appreciate your understanding in this matter. Please let me know if you require any additional information or documentation.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]