

Request for Family Medical Leave

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a family medical leave of absence due to [briefly state the reason, e.g., a serious health condition affecting my family member]. In accordance with the Family and Medical Leave Act (FMLA), I would like to request leave starting from [start date] to [end date].

During this time, I will ensure that my duties are managed appropriately and will provide any necessary documentation required to support my leave request. I am committed to maintaining communication and ensuring a smooth transition in my absence.

Please let me know if you require additional information or documentation regarding my leave request. I appreciate your understanding and support during this time.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]