

Request for Family Medical Leave Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request verification of my Family Medical Leave taken from [Start Date] to [End Date]. As per company policy and federal regulations, I understand that this documentation may be necessary for record-keeping and compliance purposes.

Please include any specific details regarding my leave, including the nature of the medical condition and the dates for which my leave was approved. I appreciate your prompt attention to this matter, and I am happy to provide any additional information you may need.

Thank you for your assistance.

Sincerely,

[Your Name]