

Your full name, job title
Home Address
City, State, Zip code

Date

Supervisor's Name
School/Department

Dear Mr./Mrs. Last Name:

I am writing to you to submit a formal request for approval for intermittent medical leave as a result of my diagnosis with (insert condition). While this illness does not require me to need an extended leave of absence, there may be times when I am unable to work due to this condition. My physician will provide you with a medical certification documenting this serious medical condition and possible intermittent leave needs associated with it.

I request to utilize any accrued leave to be paid for these absences.

Your assistance with this important matter is greatly appreciated.

Sincerely,

Your signature

Your typed name