

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 formally request a medical leave of absence due to a serious health condition that I have been diagnosed with. Due to my illness, my physician has advised me to seek an immediate medical leave from work and expects that I will be unable to return to work for (insert number) weeks or longer, depending on my response to treatment and recovery progress. I understand it is my responsibility to request and complete formal FMLA medical certification documents. These documents will be submitted prior to my absence.

I request to utilize all available leave time during this absence.

Please let me know what additional information is needed in order to process this request. I greatly appreciate your assistance with this important matter.

Sincerely,

Your signature

Your typed name