

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 submit a formal request for a medical leave of absence due to my own serious health condition that requires surgery. My doctor has scheduled a surgical procedure for (insert date) and expects that I will need (insert number) of weeks for recovery before being released to return to work. 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 during this time.

Thank you in advance for your consideration.

Sincerely,

Your signature

Your typed name