

*Date of Letter*

*Your Name*

*Your Address*

*Your Email/Tel Number*

*Employer's name*

*Employer's address*

*Employer Email/Fax Contact (as appropriate)*

Dear *[Supervisor / HR Manager]*:

I am requesting FMLA and/or CFRA leave for a period of *[number of days/ weeks/ or, intermittent hours of leave or reduced schedule]* for *[my serious health condition/my family member's serious health condition/the birth of and/or bonding with my child]*. I ask that leave begin on *[date]* and continue through *[date]* on a *[full-time/intermittent periods/reduced schedule]*.

*[NOTE: For your own or a family member's serious health condition, attach a medical note reflecting the need for the leave. FURTHER NOTE: In California and due to privacy considerations, You are not required to disclose the nature of any medical condition for which leave is being requested (e.g., diagnosis) - an employer is, however, entitled to know that the leave is required for your own serious health condition or for that of a family member who needs your care and/or assistance].*

Please inform me whether I am eligible for the leave and whether you approve this leave request as soon as possible. If you need additional information to support my request, please let me know. If for any reason I do not qualify for the leave I am requesting, please provide me detailed information about my ineligibility.

Sincerely,

*[Your Signature]*

[*Your Name Printed*]