



Lola Evans, Benefits Administrator  
Department of Human Resources  
111 Court Avenues, Ste 390 Des Moines, IA 50309

Dear Ms. Evans:

Please accept this letter as my request to participate in the County's donated leave program. I will be absent from work commencing approximately \_\_\_\_\_, because of \_\_\_\_\_.

I am eligible for leave under the County's FMLA policy, and have submitted unpaid leave papers for FMLA leave commencing \_\_\_\_\_.

I anticipate returning to work on \_\_\_\_\_.

Sincerely,

---

(Employee's name)

---

(Today's date)