[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name or HR Representative Name]
[Company Name]
[Department]
[Company Address]

Subject: Request for Family and Medical Leave (FMLA) - Qualifying Exigency

Dear [Name of Contact Person],

I am writing to formally request a leave of absence under the Family and Medical Leave Act (FMLA) due to a qualifying exigency arising out of the fact that my [Relationship: e.g., Spouse, Son, Daughter, or Parent], [Name of Military Member], is on covered active duty or has been notified of an impending call or order to covered active duty in the Armed Forces.

I anticipate that I will need leave beginning on [Start Date] and ending on or about [End Date].

The leave is requested for the following qualifying exigency: [Select one or more: Short-notice deployment, Military events and related activities, Childcare and school activities, Financial and legal arrangements, Counseling, Rest and recuperation, Post-deployment activities, or Additional activities agreed upon by the employer].

I am requesting this leave as: [Select one: A continuous block of time / Intermittent leave / A reduced leave schedule].

I have attached the required Department of Labor Form WH-384 (Certification of Qualifying Exigency for Military Family Leave) and a copy of the military member's active duty orders, if available.

Please let me know if you require any further information or documentation to process this request. I look forward to your written response regarding my eligibility and the approval of this leave.

Sincerely,

[Your Signature]

[Your Printed Name]