[Your Name]
[Your Job Title: Medical Assistant]
[Your Employee ID]
[Date]

To: [Supervisor Name or HR Department]
[Department Name]
[Healthcare Facility Name]

Subject: Notification of Military Exigency Leave (Short-Notice Deployment)

Dear [Recipient Name],

Please accept this letter as formal notification that I am requesting leave from my position as a Medical Assistant due to a qualifying exigency arising from the short-notice deployment of my [Family Member's Name/Relationship: e.g., Spouse, Parent, Child].

I received notification of this deployment on [Date Received Notice]. The deployment is scheduled to begin on [Deployment Start Date].

Due to the short-notice nature of this call to active duty, I am requesting leave starting on [Start Date of Leave] and expect to return to my duties on or about [Return Date]. I am requesting this leave under the provisions of the Family and Medical Leave Act (FMLA) regarding Military Family Leave.

During my absence, I will ensure that my current patient charts are updated and that [Colleague's Name] is briefed on any pending clinical tasks to maintain continuity of care within the department.

I have attached a copy of the military orders and the completed Certification for Military Family Leave (Form WH-384) for your records. If additional documentation is required, please let me know as soon as possible.

Thank you for your support and for your prompt attention to this request.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]