[Your Name]
[Your Job Title]
[Your Department]

[Date]

[Administrator Name]
Clinic Administrator
[Clinic Name]

Re: Notice of Military Qualifying Exigency Leave

Dear [Administrator Name],

This letter is to formally request a leave of absence due to a qualifying exigency arising out of the fact that my [Relationship, e.g., Spouse/Child/Parent], [Service Member's Name], is on covered active duty or has been notified of an impending call or order to covered active duty in the Armed Forces.

I am requesting this leave to manage legal and financial arrangements necessitated by this military deployment. Specifically, I will be attending to [Briefly describe legal/financial task, e.g., updating power of attorney, arranging military benefits, or meeting with legal counsel].

I anticipate my leave will begin on [Start Date] and I expect to return to my duties at the clinic on [End Date]. [Optional: I will be available via email for urgent clinical questions / I have arranged for (Colleague's Name) to cover my patient load during this period].

Attached you will find the required documentation, including [mention documents, e.g., Active Duty Orders or Certification of Qualifying Exigency form].

Thank you for your support and for ensuring the clinic's compliance with FMLA and military leave regulations. Please let me know if any further information is required.

Sincerely,

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