Date: [Date]

To: [Employer Name / HR Department]
From: [Nurse Name, Title/Credentials]
Facility: [Medical Facility Name]

Subject: Verification of Counseling for Military Exigency Leave

To Whom It May Concern,

I am writing in my professional capacity as a Triage Nurse to verify that [Employee Name] has requested and is attending counseling sessions related to a "qualifying exigency" arising out of the fact that their [Relationship, e.g., Spouse/Parent/Child], [Service Member Name], is on covered active duty or has been notified of an impending call or order to covered active duty in the Armed Forces.

The purpose of these sessions is to address the need for counseling for the employee, the covered service member, or a child of the covered service member, as permitted under the Family and Medical Leave Act (FMLA).

Treatment/Appointment Details:

- **Commencement Date:** [Start Date]
- **Frequency:** [e.g., Once per week / As needed for crisis triage]
- **Estimated Duration:** [e.g., Six months / Duration of deployment]

Please note that this counseling is necessitated by the service member's active duty status. If you require further administrative verification regarding these appointments, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Typed Name]
[Title/License Number]
[Contact Information]