[Your Name]
[Your Job Title]
[Clinic Name/Department]
[Date]

To: [Manager Name or HR Department]

Subject: Request for Leave of Absence - Military Exigency

Dear [Manager Name],

I am writing to formally request a leave of absence from my duties at [Clinic Name] due to a qualifying exigency arising out of the fact that my [Relationship, e.g., Spouse/Child/Parent], [Service Member Name], is on covered active duty or has been notified of an impending call or order to covered active duty in the [Branch of Military Service].

I am requesting this leave for the period of [Start Date] to [End Date]. I expect to return to my position on [Return Date].

The reason for this exigency leave is [Briefly state reason, e.g., to attend official military ceremonies, arrange for alternative childcare, or handle financial/legal arrangements].

I have attached the required documentation, including a copy of the service member's active duty orders. I will ensure that my current patient charts are updated and will coordinate with [Colleague Name] to ensure clinical coverage during my absence.

Thank you for your support and for honoring my family's service.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Contact Information]