

Military Leave Certification

Date: [Insert Date]

To Whom It May Concern,

This is to certify that [**Service Member's Name**], holding the rank of [**Rank**], is currently an active duty member of the [**Branch of Military**]. In accordance with the military leave policies, [**he/she/they**] is authorized to take leave from [**Start Date**] to [**End Date**] for the purpose of [reason for leave, e.g., personal matters, family emergency, etc.].

During this period, [**Service Member's Name**] will be temporarily relieved of all military duties.

If you require further information or verification, please feel free to contact me at [**Your Contact Information**].

Thank you for your understanding.

Sincerely,

[**Your Name**]

[**Your Rank**]

[**Your Position**]

[**Unit/Organization Name**]

[**Contact Information**]