

Military Leave Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Service Member's Name], a member of [Branch of Military], has been medically advised to take a leave of absence due to health concerns. The anticipated duration of the leave is from [Start Date] to [End Date].

During this period, it is essential for [Service Member's Name] to follow medical advice for recovery. We kindly ask for your understanding and support during this time.

If you have any questions or need further clarification, please do not hesitate to contact [Your Name] at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Military Unit/Organization]