

Military Service Leave Request for Medical Evaluation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

[Recipient's Name]

[Recipient's Title]

[Unit/Department Name]

[Military Base/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request a military service leave for the purpose of a medical evaluation. Due to [briefly explain reason, e.g., ongoing health concerns], I need to seek medical attention that requires my immediate availability.

In order to accommodate this evaluation, I kindly request leave starting from [start date] to [end date]. I will ensure to complete any necessary paperwork and provide documentation as required to facilitate my leave.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Rank/Position]

[Your Service Number]