



Division of Human Resources

Family Medical Leave Act (FMLA)

Certification of Qualifying Exigency for Military Family Leave

INSTRUCTIONS FOR EMPLOYEE: Complete this form fully and completely. The FMLA permits an employer require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit, pursuant to 29 C.F.R § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Return this form within fifteen (15) calendar days of the date of your application for FMLA leave.

PART A: EMPLOYEE INFORMATION

Employee's Name: _____ Employee ID #: _____

Name of covered military member on active duty or call to active duty status in support of a contingency operation _____

Relationship of covered military member to you: Spouse Parent Son or Daughter

Period of covered military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Check one of the following:

- A copy of the covered military member's active duty orders is attached.
 Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
 I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of contingency operation.

PART B: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (include the specific reason for your leave request).

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave. Such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Is written documentation supporting this request for leave attached?

- Yes No None Available

PART C: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes No If yes, estimate the beginning and ending dates for the period of absence:

Beginning: _____ Ending: _____

3. Will you need to be absent from work periodically to address this qualifying exigency? Yes No

Estimate the frequency and duration of each appointment, meeting, or leave event, including travel time (i.e., 1 deployment-related meeting every month lasting four (4) hours):

Frequency _____ Times per: week(s) _____ month(s) _____

Duration _____ hour(s) _____ day(s) per event _____

PART D: LEAVE TO MEET WITH THIRD PARTY Not Applicable

If leave is requested to meet with a third party (such as to arrange for childcare; to attend counseling; to attend meetings with school or childcare providers; to make financial or legal arrangements; to act as the covered military member’s representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits; or to attend any event sponsored by the military or military service organizations) a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with who you are meeting (i.e., either the telephone or fax number or E-mail address of the individual or entity). This information may be used to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Describe nature of meeting

PART E: Signature

I certify that the information I provided above is true and correct.

Signature of Employee

Date