Certification of Qualifying Exigency for Military Family Leave
(Family and Medical Leave)

Employer name:_____________________________________________________________________________________

Contact Information:_____________________________________________________________________________________

Section I: For Completion by the EMPLOYEE

Instructions to the Employee: Please complete Section I fully and completely. The Family and Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FML due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” may not be sufficient to determine FML coverage. Your response is required to obtain a benefit. 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 FML. Your employer must give you at least 15 calendar days to return this form.

Your name:__________________________________________________________________________________________________

First Middle Last

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

First Middle Last

Relationship of covered military member to you: _________________________________________

Period of covered military member’s active duty: _________________________________________

A complete and sufficient certification to support a request for FML 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. Please 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 a contingency operation.

PART A: Qualifying Reason for Leave

1. Describe the reason you are requesting FML due to a qualifying exigency (include the specific reason you are requesting leave):

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

2. A complete and sufficient certification to support a request for FML 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. Available written documentation supporting this request for leave is attached.

□ No □ Yes □ None Available
### PART B: 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?**
   - No
   - Yes

   If so, **estimate the beginning and ending dates for the period of absence:**
   ____________________________________________

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

   **Estimate schedule of leave, including the dates of any scheduled meetings or appointments:**
   ____________________________________________

   ____________________________________________

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

   - **Frequency:**  ________ times per _______ week(s) _______ months(s)
   - **Duration:**  ________ hours _______ day(s) per event

### PART C:

If leave is requested to meet with a third party (such as to arrange for child care; attend counseling; attend meetings with school or child care providers; make financial or legal arrangements; 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 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 whom you are meeting (i.e., either the telephone/fax number or e-mail address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

- **Name of individual:**
  ____________________________________________  **Title:**  ____________________________________________

- **Organization:**
  ____________________________________________

- **Address:**
  ____________________________________________

- **Telephone:**  ____________________________________________  **Fax:**  ____________________________________________

- **E-mail:**
  ____________________________________________

- **Describe nature of meeting:**
  ____________________________________________

### PART D:

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

- **Signature of Employee:**
  ________________________________  **Date:**  ________________________________

Direct questions and return form and any required documentation to the Office of Human Resources.
Keep a copy for your personal records.