

**Certification of Qualifying Exigency for Military Family Leave
(Family Medical Leave Act)**

Name:	Employee Number:
Department:	Title:
Reports to:	Status: Full-Time Part-Time Temporary
Today's Date:	Hire Date:

SECTION I: For Completion by the EMPLOYEE

Instructions: Please complete Section II fully and completely. The FMLA permits an employer to 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. Failure to provide complete and sufficient information may result in denial or delay of your FMLA request. You have 15 calendar days to return this form to your employer.

Employer's address and contact information:	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:	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. 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 FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

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. Available written documentation supporting this request for leave is attached.

Yes No None Available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____ Possible duration: _____

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:

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

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) ___ month(s) Duration: ___ hours ___ day(s) per event.

PART C: 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 organization), 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 or fax number or email 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:

Email:

Describe the nature of meeting:

PART D

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

Signature of Employee

Date