Certification of Qualifying Exigency For Military Family Leave (Family Medical Leave Act)



SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the DEPARTMENTS/INSTITUTIONS: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete this section before giving this form to your employee. You are required to use this form and may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.309.

Employer Name:				
Contact Information:				
SI	ECTION II: For Com	pletion by t	the EMPLOYEE	
employer to require that you s leave due to a qualifying exiduration of the qualifying exignot be sufficient to determine required to provide this informemployer must give you at least	ubmit a timely, comple gency. Several questio ency. Be as specific as e FMLA coverage. Your nation, failure to do so	ete, and sufficions in this sections in this sections you can; term response is remay result in	ent certification to support tion seek a response as t is such as "unknown," or " quired to obtain a benefit a denial of your request for	t a request for FMLA o the frequency or indeterminate" may . While you are not
Your Name: First		Middle	Last	
Name of military member on co	overed active duty or ca	all to covered a	active duty status:	
First	Middle		Last	
Relationship of military membe	er to you:			
Period of military member's co	vered active duty:			
A complete and sufficient cert written documentation confirn Please check one of the follow covered active duty or call to c	ning a military member ving and attach the inc	's covered act dicated docume	ive duty or call to covered	l active duty status.
A copy of the military mer	mber's covered active d	uty orders is a	ttached.	
Other documentation from has been notified of an im				ctive duty (or
I have previously provided member's covered active			documentation confirming t itus.	he military

Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act) Page 2

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 the military member's Rest and Recuperation leave; a document confirming an appointment with a				
	third party, such as a counselor or school official, or staff at a care facility; 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 None Available				
PA	RT 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?				
	Yes No				
	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?				
	∐ 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) month(s)				
	Duration: hours or day(s) per event				

Revised 7/1/2016 CONTINUED ON NEXT PAGE Expires 5/31/2018

Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act) Page 3

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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 whom 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 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 ab	pove is true and correct.	
Signature of Employee	Date	