

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

### SECTION I: For Completion by the EMPLOYEE

Please complete 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. 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 FMLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID

Name of covered service member: \_\_\_\_\_

Relationship of covered service member to you: \_\_\_\_\_

Period of covered service 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**

Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting the leave).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**

Approximate date exigency commenced: \_\_\_\_\_

Probably duration of exigency: \_\_\_\_\_

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 end dates: \_\_\_\_\_

Will you need to be absent from work periodically to address the qualifying exigency?

Yes  No If so, estimate the schedule of leave, including and schedules appointments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part C: Leave to Meet a Third Party**

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 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:** \_\_\_\_\_

**Organization, Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Describe the nature of the meeting:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information I have provided above it true and correct.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date