

Qualifying Exigency for Military Family Leave Certification Form

(Family and Medical Leave Act of 1993 as Amended)

Section I: To be completed by Agency

You are not allowed to ask the employee to provide more information than allowed on this form in accordance with the FMLA regulations 29 C.F.R. §825.309.

Agency Contact Person and phone/email:

Section II: To be completed by Employee

You must submit this form to the Agency contact person listed above within 15 calendar days.

Your Name:

Last Name
First Name
Middle Name/Initial

Name of covered military member:

Last Name
First Name
Middle Name/Initial

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 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 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 previously provided 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	PART C
<p>1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the reason you are requesting leave):</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>2. Certification to support FMLA leave request due to a qualifying exigency includes available written documentation, such as a copy of a meeting announcement for briefings by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for handling legal or financial affairs. Available written documentation supporting this request for leave is attached.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None available</p>	<p>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). Certification includes the name, address and appropriate contact information of the individual or entity with whom you are meeting (e.g. either the telephone or fax number or email address of the individual or entity.) This information may be used to verify that the information contained on this form is accurate.</p> <p>Name of individual: <input style="width: 80%;" type="text"/></p> <p>Title: <input style="width: 80%;" type="text"/></p> <p>Organization: <input style="width: 80%;" type="text"/></p> <p>Address: <input style="width: 80%;" type="text"/></p> <p>Telephone: <input style="width: 20%;" type="text"/> Fax: <input style="width: 20%;" type="text"/></p> <p>Email: <input style="width: 80%;" type="text"/></p> <p>Describe nature of meeting:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
PART B: AMOUNT OF LEAVE NEEDED	PART D
<p>1. Approximate date of exigency commenced: <input style="width: 150px;" type="text"/></p> <p>Probable duration of exigency: <input style="width: 200px;" type="text"/></p> <p>2. Will you need to be absent periodically to address this exigency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, estimate the beginning and ending dates of absence:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>3. Will you need to be absent periodically to address this exigency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Estimate schedule of leave, including dates of meetings/appointments:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Estimate frequency and duration of each appointment, meeting or leave event, including travel time (e.g. 1 meeting a month lasting 4 hrs):</p> <p>Frequency: <input style="width: 40px;" type="text"/> times per <input style="width: 40px;" type="text"/> week(s) <input style="width: 40px;" type="text"/> month(s)</p> <p>Duration: <input style="width: 40px;" type="text"/> hours of <input style="width: 40px;" type="text"/> day(s) per event</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p style="text-align: center;">Signature of Employee Date</p>