

## CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE (FMLA)

**Instructions** — You must submit within 15 calendar days a complete certification to support your request for FMLA military family leave due to a qualifying exigency arising from a military member's covered active duty or call to covered active duty. Not doing so may result in denial of your request. Answer fully and completely all applicable parts, as specifically as you can.

If you have any questions about filling out this form please contact \_\_\_\_\_ at \_\_\_\_\_.

1. Employee's Full Name:

2. Military Member's Full Name:

3. Relationship of Military Member to Employee:  Spouse  Parent  Child

4. Period of Military Member's Covered Active Duty:

5. A complete and sufficient certification must include written documentation confirming a military member's covered active duty or call to covered active duty. I have (check one):

Attached a copy of the member's covered active duty orders.

Attached other documentation from the military certifying the member is on covered active duty or has been notified of an impending call to covered active duty in the Armed Forces.

Previously provided my employer with sufficient written documentation confirming the member's covered active duty or call to covered active duty in the Armed Forces.

6. Specifically describe the reason that you are requesting FMLA leave due to a qualifying exigency:

7. A complete and sufficient certification must include written documentation supporting the need for leave. This 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 handling legal or financial affairs. Is written documentation supporting this request attached?  Yes  No  None available

8. Approximate date exigency commenced:

9. Probable duration of exigency:

10. Will you need to be absent from work for a single continuous period of time due to the exigency?  Yes  No  
If so, please estimate the beginning and ending dates for the period of absence:

11. Will you need to be absent from work periodically to address this qualifying exigency?  Yes  No  
If yes, please estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., one deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week \_\_\_\_\_ month

Duration: \_\_\_\_\_ hours \_\_\_\_\_ days per event

12. If leave is requested to meet with a third party (e.g., to arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, act as the member's representative before a federal, state, or local agency to obtain, arrange, or appeal military service benefits, or attend any event sponsored by the military or military service organizations), you must provide the following information to allow verification :

Name of individual:

Organization:

Address:

Title:

Telephone:

Fax:

Email:

Describe nature of meeting:

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

**Signature of Employee**

**Date**