

[University of Washington (not for HMC or UWMC staff)] Certification of Qualifying Exigency for Military Family Leave Human Resources	To Employee - Complete the following information on every page
	Employee Name:
	Department:
	Employee Phone:
Employee Email:	

To Employee: Complete and return this form as soon as possible, but no later than 15 calendar days after the date you receive it. Return to the person or location indicated in the "Return to" space at the right. Contact this person or office if you believe that you will not be able to return the completed form within the specified time period.	Return to: Campus HR Operations Roosevelt Commons West Box 354963 4300 Roosevelt Ave NE Seattle, WA 98195-4963 Voice: (206) 543-2354 Fax: (206) 685-0636
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Supervisor Information (Please Print)			
Supervisor's name	Supervisor's title	Supervisor's phone	Supervisor's email

Military Member Information	
Name of covered military member on active duty or called to active duty status	Period of member's active duty From (date) _____ to (date) _____
Military member's relationship to you <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent	
Is this a "step" relationship (e.g. step parent, step brother, etc)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Certification to support a request for FMLA leave due to a qualifying exigency must include written documentation confirming a covered military member's active duty or call to active duty status. Please check <i>one</i> of the following:
<input type="checkbox"/> A copy of the covered military member's active duty orders is attached.
<input type="checkbox"/> 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) is attached.
<input type="checkbox"/> I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status.

Qualifying Reason for Leave
Describe the situation ("qualifying exigency") that makes it necessary for you to request leave

Certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave. The documentation may include such documents as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, a copy of a bill for services for the handling of legal or financial affairs, or other similar documentation. Available written documentation supporting this request for leave is attached.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Available

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If you are requesting leave to meet with a third party, please provide the information requested below. If you are meeting with multiple persons/entities, please copy this form and complete this section for each person/entity with whom you meet. (Examples of qualifying meetings include those to: arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, act as the covered military member's representative before a federal, state, or local agency to obtain, arrange for, or appeal denial of military service benefits, or to attend any event sponsored by the military or military service organizations.)

Name of individual	Telephone	Fax	Email
Position title	Organization	Address	

Describe nature of meeting

Amount of Leave Needed

The situation that requires me to take leave began on approximately (date)	Probable duration of situation From (date) _____ to (date) _____
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Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? No Yes
 If yes, estimate the beginning and ending dates for the period of absence: from (date) _____ to (date) _____

Will you need to be absent from work intermittently to address this situation? No Yes
 If 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., one deployment-related meeting every month lasting 4 hours)
Frequency: _____ times per _____ week(s) -or- _____ month(s)
Duration: _____ hours or _____ day(s) per event

Signature

Employee Signature _____ Date _____