



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

Employer name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Section I: For Completion by the EMPLOYEE

**Instructions to the Employee:** Please complete Section I fully and completely. The Family and Medical Leave Act (FMLA) permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FML 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 FML coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FML. Your employer must give you at least 15 calendar days to return this form.

Your name: \_\_\_\_\_  
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:  
\_\_\_\_\_  
First Middle Last

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 FML 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

1. Describe the reason you are requesting FML due to a qualifying exigency (include the specific reason you are requesting leave):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. A complete and sufficient certification to support a request for FML 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.  
 No  Yes  None Available



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## PART 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?  No  Yes

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?  No  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) \_\_\_\_\_ months(s)

Duration: \_\_\_\_\_ hours \_\_\_\_\_ day(s) per event

## PART C:

If leave is requested to meet with a third party (such as to arrange for child care; attend counseling; attend meetings with school or child care providers; make financial or legal arrangements; 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 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/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 above is true and correct.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Direct questions and return form and any required documentation to the Office of Human Resources.  
Keep a copy for your personal records.