FAMILY AND MEDICAL LEAVE
CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY LEAVE

SECTION I – FOR COMPLETION BY THE EMPLOYER

Employer name:_____Date:_____*(mm/dd/yyyy)*

(List date certification requested)

Contact Information: _____

The medical certification must be returned by_____(mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II – FOR COMPLETION BY THE EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your employer.

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, child, or parent (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. The FMLA allows an employer to require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. 29 C.F.R. § 825.305(b). If the employee fails to provide complete and sufficient certification, the employee's FMLA leave request may be denied. 29 C.F.R. § 825.313. **It is the employee's responsibility to ensure that sufficient certification is provided to the department.**

Employee Name: _____
First, Middle, Last

Provide the name of the military member on covered active duty or call to covered active duty status:

_____ (First, Middle, Last)

Select your relationship of the military member. The military member is your:

☐ Spouse ☐ Parent ☐ Child, of any age

PART A: COVERED ACTIVE DUTY STATUS

(1) Provide the dates of the military member's covered active duty service: _____

(2) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:

☐ A copy of the military member's covered active duty orders

☐ Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command

☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

PART B: APPROPRIATE FACTS

(3) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:

☐ Short notice deployment (*i.e.,* deployment within seven or fewer days of notice)

☐ Military events and related activities *(e.g., official ceremonies or events, or family support and assistance programs):*

_____

☐ Childcare related activities for the child of the military member *(e.g., arranging for alternative childcare):*

_____

SECTION II CONTINUED – FOR COMPLETION BY THE EMPLOYEE

Employee name: _____ _____

☐ Care for the military member's parent *(e.g., admitting or transferring the parent to a new care facility):*

_____

☐ Financial and legal arrangements related to the deployment *(e.g., obtaining military identification cards)*

☐ Counseling related to the deployment (*i.e.*, counseling provided by someone other than a health care provider)

☐ Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)

☐ Post deployment activities *(e.g., arrival ceremonies, or reintegration briefings and events):*_____

_____

☐ Any other event that the employee and employer agree is a qualifying exigency: _____

_____

(4) **Available written documentation** supporting this request for leave is (☐ attached / ☐ not attached / ☐ not available).

PART C: AMOUNT OF LEAVE NEEDED

(5) List the approximate date exigency started or will start:_____*(mm/dd/yyyy)*

(6) Provide your best estimate of how long the exigency lasted or will last:

From_____*(mm/dd/yyyy)* to_____*(mm/dd/yyyy)*

(7) Due to a qualifying exigency, I need to work a **reduced schedule**. Provide your **best estimate** of the reduced schedule you are able to work:

From_____*(mm/dd/yyyy)* to_____*(mm/dd/yyyy)*

I am able to work _____
(e.g., 5 hours/day, up to 25 hours a week)

(8) Due to a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:

From_____*(mm/dd/yyyy)* to_____*(mm/dd/yyyy)*

(9) Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically).

Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur:_____times per (☐ day / ☐ week / ☐ month) and are likely to last approximately_____(☐ hours / ☐ days) per episode.

(10) My leave is due to a qualifying exigency that involves **Rest and Recuperation leave** (R & R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).

List the dates of the military member's R &R leave:

From_____*(mm/dd/yyyy)* to_____*(mm/dd/yyyy)*

SECTION II CONTINUED – FOR COMPLETION BY THE EMPLOYEE

Employee name: _____

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 the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; 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 ☐ Will provide after appointment

PART D: THIRD PARTY INFORMATION

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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. This information may be used by your employer to verify that the information contained on this form is accurate.

Individual *(e.g., name and title)* or Entity / Organization: _____

Address: _____

Telephone: (___)_____Fax: (____)_____E-mail:_____

Describe purpose of meeting: _____

Employee Signature_____**Date**_____*(mm/dd/yyyy)*