# Certification of Qualifying Exigency for Military Family Leave

**Family and Medical Leave Act of 1993 ("FMLA")**

## For Completion by the EMPLOYEE

**INSTRUCTIONS to the EMPLOYEE:** Please complete fully and completely. The FMLA permits the University to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave 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 FMLA coverage. Your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your completed form must be returned to the University’s Absence Management Team within 15 calendar days. 29 C.F.R. § 825.305(b).

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<th>Employee Name:</th>
<th>University Employee Identification Number:</th>
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**Signature of Employee**

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**Name of Covered Military member on Active duty or call to active duty status in support of a contingency operation:**

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<th>Relationship to you:</th>
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**Period of covered military member’s active duty:**

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A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency, please provide written documentation confirming the covered military member’s covered active duty or call to covered active duty. Please check all that apply

- [ ] 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 as 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.

Please provide available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for information 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 of legal or financial affairs. Available written documentation supporting this request for leave is attached.

- [ ] Yes  [ ] No  [ ] None Available

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (Including the specific reason you are requesting leave):

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________
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 yes, 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
   If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointment:____
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   Estimate the frequency and duration of each appointment, meeting or leave event, including any travel time
   (e.g., 1 deployment-related meeting every month lasting 4 hours):
   Frequency: __________ time(s) per ________________________________ (week/month/year)
   Duration: __________ hour(s) or __________ day(s) per event
PART C:

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 the purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), Please provide 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 by your employer to verify that the information contained on this form is accurate

Name of Individual:_______________________________________ Title:________________________________

Organization:__________________________________________

Address:______________________________________________________________________

Telephone:__________________________ Fax:______________________________________

Email:__________________________________________________________________________

Describe nature of meeting:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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

Signature of Employee ________________________________ Date ________________________________