

CERTIFICATION BY EMPLOYEE OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE – FMLA

Employee's name: _____

Name of covered military member on active duty or call to active duty status: _____

Relationship of covered military member to employee: _____

Dates of covered military member's active duty service: _____

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 documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

Description of qualifying exigency (*On the back of this form is the description of a "qualifying exigency" under FMLA. Does the need for leave qualify under any of the categories described? If so, please check the applicable category.*)

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____

Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason your are requesting leave):

Please attach 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 is attached. Yes None Available

Approximate date exigency commenced or will commence: _____

Probable duration of exigency: _____

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? Yes No

If so, estimate the beginning and ending dates for the period of absence: _____

Will you need to be absent from work periodically to address this qualifying exigency? Yes No

Estimate the frequency and duration of each period of absence due to the qualifying exigency (e.g. 3 x per month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s).

Duration: _____ hour(s) or _____ day(s) per event.

Leave to Meet with a Third Party. Please complete this section 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 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.

Name of Individual or Entity with whom you are meeting: _____ **Title** _____

Organization: _____

Address: _____

Telephone _____ **Fax:** _____

Email: _____

Briefly describe the purpose of the meeting: _____

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

Signature of Employee: _____

Date: _____

FMLA DESCRIPTION OF A QUALIFYING EXIGENCY

Eligible employees may take FMLA leave while the employee's spouse, son, daughter or parent (i.e. the "covered military member") is on active duty or call to active duty status as defined in 29 C.F.R. 825.126(b)(2) for one or more of the following qualifying exigencies:

1. Short-Notice Deployment

Any issue that arises from the fact that a covered military member is notified of an impending call or order to active duty in support of a contingency operation seven or less calendar days prior to the date of deployment.

2. Military Events and Related Activities

Leave to attend any official ceremony, program or event sponsored by the military that is related to active duty or call to active duty or call to active duty status of a covered military member; or leave to attend family support or assistance programs and informal briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of a covered military member.

3. Childcare and School Activities

When necessary due to circumstances arising from the active duty or call to active duty status of a covered military member - leave to arrange for alternative childcare; to enroll in or transfer the military service member's child to a new school or daycare facility; or to attend meetings with staff at a school or daycare facility concerning the covered service member's child.

4. Financial and Legal Arrangements

To make or update financial or legal arrangements to address the covered military member's absence, such as preparing and executing powers of attorney, transferring bank account signature authority, or preparing a living will or trust.

5. Counseling

To attend counseling provided by someone other than a health care provider for oneself, for the covered military member. Or for the child of the covered military service member provided that the need for counseling arises from the active duty or call to active duty status of a covered military member.

6. Rest and Recuperation

To spend time with a covered military member who is on short-term, temporary, rest and recuperation leave during the period of deployment.

7. Post-Deployment Activities

To attend any official ceremony or program sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status (i.e. arrival ceremonies or reintegration events); or to address issues that arise from the death of a covered military member while on active duty status.

8. Additional Activities

Other events that arise out of the covered military member's active duty or call to active duty status provided the employer and employee agree that such leave shall qualify as an exigency, and agree to both the timing and duration of such leave.