Certification of Qualifying Exigency For Military Family Leave (Family and Medical Leave Act)

U.S. Department of Labor

Wage and Hour Division



OMB Control Number: 1235-0003 Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C-F-R-§ 825.309.						
Employ	ver name:					
Contac	t Information:					
SECTI	ON II: For Completion by the EMP	LOYEE				
employ due to qualify determ require	er to require that you submit a timely, or a qualifying exigency. Several question ing exigency. Be as specific as you can the FMLA coverage. Your response is	complete, and sufficient cert as in this section seek a resp a; terms such as "unknown," required to obtain a benefit do so may result in a denial	y and completely. The FMLA permits an tification to support a request for FMLA leave onse as to the frequency or duration of the 'or "indeterminate" may not be sufficient to 29 C-F-R-\(\frac{1}{2}\) 825.310. While you are not lof your request for FMLA leave. Your ur employer.			
Your N	ame:First	Middle	Last			
Name o	of covered military member on <u>covered</u>		ed active duty status in support of a contingency			
	First	Middle	Last			
Relatio	nship of covered military member to yo	ou:				
Period	of covered military member's <u>covered</u>	active duty:				
docum	entation confirming a covered military	member's <u>covered</u> active du eck one of the followin <u>g an</u>	ve due to a qualifying exigency includes written ity or call to <u>covered</u> active duty status -in- d attach the indicated document to support that ty status.			
	A copy of the covered military member	er's <u>covered</u> active duty ord	ers is attached.			
	Other documentation from the military certifying that the covered military member is on <u>covered</u> active duty (or has been notified of an impending call to <u>covered</u> active duty) in support of a contingency operation is attached.					
	I have previously provided my employ	ver with sufficient written de	ocumentation confirming the covered -military_ s-in support of a contingency operation.			

PART A: OUALIFYING REASON FOR LEAVE Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason 1. you are requesting leave): 2. 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 PART B: AMOUNT OF LEAVE NEEDED Approximate date exigency commenced: 1. 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? Yes□ No□ 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? Yes No				
	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 (<u>i.e.</u>, 1 deployment-related meeting every month lasting 4 hours):

Frequency: ____ times per ____ week(s) ____ month(s)

Duration: _____ hours ____ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare <u>or parental care</u>, to attend counseling, to attend meetings with school, <u>or</u> childcare <u>or parental care</u> providers, to make financial or legal arrangements, to act as the <u>covered</u>-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), a

This information may be used by your employer to verify	y that the information contained on this form is accurate.
Name of Individual:	Title:
Organization:	
Address:	
Telephone: ()	_ Fax: ()
Email:	
Describe nature of meeting:	
PART D:	
PART D: I certify that the information I provided above is true and	correct
Signature of Employee	Date

complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (<u>i.e.</u>, either the telephone or fax number or email address of the individual or entity).

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29_U.S.C._\$-2616; 29 C.F.R.— \$825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**