

**CERTIFICATION FOR QUALIFYING EXIGENCY LEAVE  
LEAVE ARISING OUT OF THE ACTIVE DUTY OR CALL TO ACTIVE DUTY  
OF A COVERED MILITARY MEMBER  
Family and Medical Leave Act (FMLA)**

**SECTION I: For Completion by THE UNIVERSITY**

CAMPUS/LABORATORY		DEPARTMENT OR OTHER WORK UNIT	
NAME OF UNIVERSITY REPRESENTATIVE		UNIVERSITY REPRESENTATIVE MAILING ADDRESS	
TELEPHONE (     )     )	FAX (     )     )	E-MAIL	

**SECTION II – To be completed by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II 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 arising out of the active duty or call to active duty of a Covered Military Member. 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 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 FMLA leave. The University will give you at least 15 calendar days to return this form.

**1. Your Name**

FIRST	MIDDLE	LAST
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**2. Name of Covered Military Member on active duty or call to active duty status in support of a contingency operation**

FIRST	MIDDLE	LAST
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RELATIONSHIP OF COVERED MILITARY MEMBER TO YOU:	PERIOD OF COVERED MILITARY MEMBER'S ACTIVE DUTY: FROM _____ TO: _____
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**3. A complete and sufficient certification to support a request for FMLA leave 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 the University 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 specific reason(s) you are requesting FMLA leave due to a qualifying exigency:**

<b>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 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.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Available
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**PART B: AMOUNT OF LEAVE NEEDED**

1. Approximate date exigency commenced: \_\_\_\_\_

Probable duration of exigency:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

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:

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

3. Will you need to be absent from work periodically to address this qualifying exigency?

 No  
 Yes

If so, estimate the 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)  month(s)Duration: \_\_\_\_\_  Hours or \_\_\_\_\_  Day(s) per event**Part C:**

1. 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), 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 or fax number or email address of the individual or entity). This information may be used by the University to verify that the information contained on this form is accurate.

NAME OF INDIVIDUAL

TITLE

ORGANIZATION

ADDRESS (STREET)

(CITY, STATE, ZIP)

TELEPHONE:

FAX

E-MAIL

( )

( )

2. Describe nature of meeting:

**Part D: SIGNATURE**

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

SIGNATURE OF EMPLOYEE

DATE