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

## U.S. Department of Labor

Employment Standards Administration Wage and Hour Division



OMB Control Number: 1215-0181 Expires: 12/31/2011

### **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.

Employer name:							
Contact 1	Information:						
SECTIO	N II: For Completio	on by the EMPLOYEE					
			e Section II fully and completely.	The FMLA permits an			
employer 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							
			s required to obtain a benefit. 29				
			ilure to do so may result in a deni				
			alendar days to return this form to				
Your Na	me:						
	First	Middle	Last				
Name of	covered military mem	ber on active duty or call	o active duty status in support of a	a contingency operation:			
	First	Middle	Last				
Relations	ship of covered militar	y member to you:					
Period of	f covered military men	nber's active duty:					
written d	ocumentation confirm		st for FMLA leave due to a qualify mber's active duty or call to active wing:				
			e duty orders is attached.				
			ng that the covered military memb				
			nding call to active duty) in suppor	rt of a			
	contingency operatio		ufficient weitten de eumentetion e	anfimmina tha aayanad			
			ufficient written documentation co duty status in support of a conting				

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## PART A: QUALIFYING REASON FOR LEAVE

	reason you are requesting leave):
	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 attachedYesNoNone Available
Τ	B: AMOUNT OF LEAVE NEEDED
	Approximate date exigency commenced:
	Probable duration of exigency:
	Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?NoYes.
	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?NoYes.
	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.

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#### 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 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 your employer to verify that the information contained on this form is accurate.

Name of Individual:	Title:	
Organization:		
Address:		
	Fax: ()	
Email:		
PART D:		
I certify that the information I provided about	ove is true and correct.	
Signature of Employee	 Date	

#### 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.

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