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

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 Ir	nformation:		
INSTRUCTURE PERMITTED PERMITTED INSTRUCTURE PERMITTED PERM	ctions to the El n employer to request FMLA leave due quency or duration n," or "indetermina o obtain a benefit. do so may result in	ire that you submit a timel to a qualifying exigency. of the qualifying exigency te" may not be sufficient to 29 C.F.R. § 825.310. Whi	plete Section II fully and completely. The FMLA y, complete, and sufficient certification to support a Several questions in this section seek a response as v. Be as specific as you can; terms such as to determine FMLA coverage. Your response is le you are not required to provide this information, for FMLA leave. Your employer must give you at
Your Nan	ne: First	Middle	Last
Name of o		ember on active duty or ca	all to active duty status in support of a contingency
	First	Middle	Last
Relationsl	hip of covered mili	tary member to you:	
Period of	covered military m	nember's active duty:	
includes v	vritten documentat		quest for FMLA leave due to a qualifying exigency military member's active duty or call to active duty eck one of the following:
	Other documenta member is on act duty) in support of I have previously	tion from the military cert ive duty (or has been notif of a contingency operation provided my employer w	etive duty orders is attached. ifying that the covered military fied of an impending call to active is attached. ith sufficient written documentation confirming the all to active duty status in support of a contingency

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PAR 1.	TA: QUALIFYING REASON FOR LEAVE Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason 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 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				
PAF	RT 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?NoYes.				
	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? 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 (i.e., 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, 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:		
Telephone: ()		
Email:		
Describe nature of meeting:		
PART D:		
I certify that the information I provided above i	s true and correct.	
•		
Signature of Employee	Date	

DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.

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