SECTION I: For Completion by the EMPLOYER

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pletely. 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 sufficient to determine FMLA coverage. Your response is required to obtain a benefit.

While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name:	First	Middle	Last		
Name of covered military member on covered active duty or call to covered active duty status in the Armed Forces:					
	First	Middle	Last		
Relationship	of covered milita	ry member to you:			
Period of cov	ered military me	mber's active duty:			

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 covered active duty orders is attached.
- ____ Other documentation from the military certifying that the covered military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.
- ____ I have previously provided my employer with sufficient written documentation confirming the covered military member's covered active duty or call to covered active duty status.

PART A: QUALIFYING REASON FOR LEAVE

1. 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 attached. ____ Yes ___

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 (<u>i.e.</u>, 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:				
Describe nature of meeting:				

PART D:

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

Signature of Employee

Date