# 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: 8/31/2021

### SECTION I: For Completion by the EMPLOYER

require before	an employee seeking FMLA leaving this form to your employe	ve due to a qualifying exigency to e. Your response is voluntary, an	submit a certification. Please completed while you are not required to use the the FMLA regulations, 29 CFR 825	ete Section I is form, you			
Emplo	yer name:						
Contac	et Information:						
SECT	ION II: For Completion by th	e EMPLOYEE					
employ to a quexigend FMLA this inf least 1:	yer to require that you submit a tiralifying exigency. Several quest cy. Be as specific as you can; te coverage. Your response is required formation, failure to do so may respondent to the calendar days to return this form	nely, complete, and sufficient cert ions in this section seek a respons rms such as "unknown," or "indet uired to obtain a benefit. 29 CFR sult in a denial of your request for	y and completely. The FMLA permification to support a request for FML e as to the frequency or duration of the erminate" may not be sufficient to de 825.310. While you are not require FMLA leave. Your employer must	A leave due the qualifying etermine and to provide			
Your N	Name:First	Middle	Last				
Name (	•	ctive duty or call to covered active	•				
	First	Middle	Last				
Relatio	onship of military member to you						
Period	of military member's covered ac	tive duty:					
docum	entation confirming a military me	ember's covered active duty or cal	ve due to a qualifying exigency included to covered active duty status. Pleas itary member is on covered active du	se check one			
	A copy of the military member'	s covered active duty orders is att	ached.				
	Other documentation from the military certifying that the 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 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 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 □					
PAR'	Γ 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?					
	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 $\square$ No $\square$					
	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 or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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 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 CFR 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.