



TAXATION & REVENUE
NEW MEXICO

CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE (FMLA) [Non-fillable version (fill out by hand)]

INSTRUCTIONS to the EMPLOYEE: Please complete this form 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 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. You have 15 calendar days to return this form.

Your name:

First Middle Last Employee ID (SHARE ID)

Name of military member on covered active duty or call to covered active duty status in support of a contingency operation (for whom you are requesting leave):

First Middle Last

Relationship of military member to you: _____

Period of military member’s covered active duty _____

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member’s covered active duty or call to covered active duty status in support of a contingency operation. Please check one of the following:

- A copy of the military member’s covered active duty orders is attached.
- 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) in support of a contingency operation 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 in support of a contingency operation.

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.

Is there written documentation attached supporting this request for leave? No Yes None Available

Part B: Amount of Leave Needed

3. Approximate date exigency commenced or will commence: _____ Date: _____

Probable duration of exigency: _____

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? No Yes

If **YES**, estimate the beginning and ending dates for the period of absence: _____

4. Will you need to be absent from work periodically to address this qualifying exigency? No Yes

If **YES**, estimate a schedule of periodic leave, including the dates of any scheduled meetings or appointments

Approximate Schedule	Type of Appointment	Time Required for Appointment

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (for example, 1 deployment-related meeting every month lasting 4 hours)

Appointment, meeting, or event

Frequency: _____ time(s) per week **OR** _____ per month

Duration: _____ hour(s) **OR** _____ day(s) per event

Appointment, meeting, or event

Frequency: _____ time(s) per week **OR** _____ per month

Duration: _____ hour(s) **OR** _____ day(s) per event

Appointment, meeting, or event

Frequency: _____ time(s) per week **OR** _____ per month

Duration: _____ hour(s) **OR** _____ day(s) per event

Appointment, meeting, or event

Frequency: _____ time(s) per week **OR** _____ per month

Duration: _____ hour(s) **OR** _____ day(s) per event

Appointment, meeting, or event

Frequency: _____ time(s) per week **OR** _____ per month

Duration: _____ hour(s) **OR** _____ day(s) per event

Part C: Additional Information

If leave is requested to meet with a third party, 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. Examples of such meetings are 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, to care for a military member's parent who is incapable of self-care, or to attend any event sponsored by the military or military service organizations.

Name of Individual (please print): _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting: _____

Name of Individual (please print): _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting: _____

Name of Individual (please print): _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting: _____

Name of Individual (please print): _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting: _____

Name of Individual (please print): _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting: _____

Part D: Signature

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

Signature of Employee: _____ Date: _____