

CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE (FMLA) [Fillable version (fill out on computer)]

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 i | 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 Relati | onship of military | member to yo | Middle ou: | Last | | | | | |
| Period | d of military memb | er'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. | | | | | | | | |
| | | • | employer with sufficient wri covered active duty status in | | firming the military member's cy operation. | | | | |
| Par | t A: Qualify | ing Reas | on for Leave | | | | | | |
| | Describe the reas are requesting lea | | questing FMLA leave due to | a qualifying exigency (i | including the specific reason you | | | | |
| | | | | | | | | | |

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

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.

Part B: Amount of Leave Needed

| 3. Approximate date exigency commence | ed or will commence: | Date: | | |
|---|-------------------------|--------------------------------|------------------------|--|
| Probable duration of exigency: | | | | |
| Will you need to be absent from work qualifying exigency? | for a single continuous | s period of time due to the | No Yes | |
| If YES , estimate the beginning and en | ding dates for the peri | od of absence: | | |
| 4. Will you need to be absent from work p | periodically to address | this qualifying exigency? | No Yes | |
| If YES , estimate a schedule of periodic | leave, including the d | lates of any scheduled meeting | s or appointments | |
| | Time Required for | | | |
| Approximate Schedule | Type of Appoin | tment Appo | intment | |
| | | | | |
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| | | | | |
| Estimate the frequency and duration o example, 1 deployment-related meetin Appointment, meeting, or event | | | ງ any travel time (for | |
| | Frequency: | time(s) per week OR | per month | |
| | Duration: | | ' 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: | Title: |
|--|------|--------|--------|
| Organization: | | | |
| Address: | | | |
| Telephone: | Fax: | | |
| Email: | | | |
| Describe nature of meeting: | | | |
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| Name of Individual (please print): | | Title: | |
| Organization: | | | |
| Address: | | | |
| Telephone: | Fax: | | |
| Email: | | | |
| Describe nature of meeting: | | | |
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| Name of the Part hand of Lancaura (n.) | | T:0. | |
| Name of Individual (please print): | | | |
| Organization: | | | |
| Address: | | | |
| Telephone: | Fax: | | |
| Email: | | | |
| Describe nature of meeting: | | | |
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| Name of Individual (please print): | | Title: | |
|--|-------|--------|--|
| Organization: | | | |
| Address: | | | |
| Telephone: | _Fax: | | |
| Email: | | | |
| Describe nature of meeting: | | | |
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| Name of Individual (please print): | | Title: | |
| Organization: | | | |
| Address: | | | |
| Telephone: | Fax: | | |
| Email: | | | |
| Describe nature of meeting: | | | |
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| Part D: Signature | | | |
| | | | |
| I certify that the information I provided above is true and corn | rect. | | |
| Signature of Employee: | | Date: | |

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