

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: _____