

CERTIFICATION OF QUALIFYING MILITARY EXIGENCY

(FAMILY AND MEDICAL LEAVE – AM-203-2-8)



Section I: To be Completed by the Employee

Employee's Full Name _____ Job Title _____

Agency/Bureau/Division _____

Regular Work Schedule _____

Phone _____ Email _____

Name of covered military member _____
(On active duty or call to active duty status with the Armed Forces)

The military member is the employee's:
 Parent Spouse Child

Period of covered military member'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 covered active duty status. Please check one of the following:

- A copy of the covered military member's 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 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.

Section I, Part A: Reason for Leave

Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation that supports the need for leave. Such documentation may include, for example, a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, an appointment with a third-party, or a copy of a bill for services for the handling

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

Section I, Part B: Amount of Leave Needed

Approximate Date Exigency Commenced _____

Probable Duration of Exigency _____

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

If yes, estimate the beginning and ending dates for the period of time:

Beginning Date _____

Ending Date _____

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

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

[Empty box for leave schedule]

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

Frequency: _____ times per every _____ week(s)/ _____ month(s)

Duration: _____ hours OR _____ day(s) per event

Section I, Part C: Third Party Contact Information

If leave is requested to meet with a third party (for example: 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 (i.e., telephone or fax number, or email address) of the individual or entity with whom you are meeting. 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 _____

Phone _____

Fax _____

Email Address _____

Describe the nature of the meeting:

[Empty box for meeting description]

Section II: Certification of Employee

Signature of Employee _____

Date _____