CERTIFICATION FOR MILITARY FAMILY LEAVE FOR QUALIFYING EXIGENCY UNDER THE FAMILY AND MEDICAL LEAVE ACT

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This form expires on December 31, 2026.

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, child, or parent (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. The FMLA allows an employer to require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee at least 15 calendar days to provide the certification. 29 C.F.R. § 825.305(b). If the employee fails to provide complete and sufficient certification, the employee's FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found on the WHD website at http://www.dol.gov/agencies/whd/fmla.

SECTION 1 - EMPLOYEE

1. Employee Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

2. Employer Name _____ Date Certification Requested _____

Please complete and sign the form before returning it to your employer. The FMLA allows 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. If requested by your employer, your response is required to obtain the benefits and protections of the FMLA. 29 C.F.R. § 825.309. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. 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. You are responsible for making sure the certification is provided to your employer within the time frame requested, which must be at least 15 calendar days. 29 C.F.R. § 825.313.

1. Provide the name of the military member on covered active duty or call to covered active duty status:

(First) _____ *(Middle)* _____ *(Last)* _____

2. Select your relationship of the military member. The military member is your:

☐ Spouse ☐ Parent ☐ Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Part A: Covered Active Duty Status

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.

Employee Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

SECTION 1 - EMPLOYEE *(Continued.)*

Part A: Covered Active Duty Status *(Continued.)*

3. Provide the dates of the military member's covered active duty service: _____

4. Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:

- ☐ A copy of the military member's covered active duty orders
- ☐ Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
- ☐ 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 B: Appropriate Facts

Under the FMLA, leave can be taken for a number of qualifying exigencies. 29 C.F.R. § 825.126(b). Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

5. Select the appropriate Qualifying Exigency Category and, if needed, provide additional information related tothe event:

- ☐ Short notice deployment *(i.e., deployment within seven or fewer days of notice)*
- ☐ Military events and related activities *(e.g., official ceremonies or events, or family support and assistance programs)*: _____
  _____
- ☐ Childcare related activities for the child of the military member *(e.g., arranging for alternative childcare)*:_____
  _____
- ☐ Care for the military member's parent *(e.g., admitting or transferring the parent to a new care facility)*:_____
  _____
- ☐ Financial and legal arrangements related to the deployment *(e.g., obtaining military identification cards)*
- ☐ Counseling related to the deployment *(i.e., counseling provided by someone other than a health care provider)*
- ☐ Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- ☐ Post deployment activities *(e.g., arrival ceremonies, or reintegration briefings and events)*:_____
  _____
- ☐ Any other event that the employee and employer agree is a qualifying exigency:_____
  _____

6. Available written documentation supporting this request for leave is (☐ attached / ☐ not attached / ☐ not available).

Part C: Amount of Leave Needed

Provide information concerning the amount of leave that will be needed. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

7. State the approximate date the exigency started or will start: _____

8. Provide your best estimate of how long the exigency lasted or will last: _____

Employee Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

SECTION 1 - EMPLOYEE *(Continued.)*

Part C: Amount of Leave Needed *(Continued.)*

9. Due to a qualifying exigency, I need to work a reduced schedule. Provide your best estimate of the reduced schedule you are able to work:
From _____ to _____

I am able to work _____.

10. Due to a qualifying exigency, I will need to be absent from work for a continuous period of time. Provide your best estimate of the beginning and ending dates for the period of absence: From _____ to _____.

11. Due to a qualifying exigency, I will need to be absent from work on an intermittent basis (periodically).

Provide your best estimate of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an intermittent are estimated to occur: _____times per
(☐ day / ☐ week / ☐ month) and are likely to last approximately_____ (☐ hours / ☐ days)/ per episode.

10. My leave is due to a qualifying exigency that involves Rest and Recuperation leave (R & R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave).

List the dates of the military member's R &R leave: From _____ to _____.

Part D: Third Party Information

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical 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. This information may be used by your employer to verify that the information contained on this form is accurate.

Individual (e.g., name and title) or Entity / Organization _____

Address _____

Phone (_____)_____ Fax (_____)_____Email _____

Describe Purpose of Meeting: _____

Employee Signature _____ Date _____