



**Certificate of Qualifying Exigency**  
For Military Leave  
(Family & Medical Leave Act)

EMPLOYEE: 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. While you are not required to provide this information, failure to provide the information requested herein may result in a denial of your request for FMLA leave. Employee ID#: \_\_\_\_\_

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Name of military member on covered active duty or call to covered active duty status: \_\_\_\_\_

Relationship of the 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 (resulting from overseas deployment) includes written documentation confirming military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support 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 order 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) 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.

**QUALIFYING 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 which supports the need for leave; such documentation may include a copy of a meeting announcement for information briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

- Yes
- No
- None Available

**AMOUNT OF LEAVE NEEDED**

Approximate date qualifying exigency commenced: \_\_\_\_\_

Probable duration of qualifying exigency: \_\_\_\_\_

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

If so, estimate the beginning and ending dates for the period of absence: \_\_\_\_\_

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:

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

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	Per Week	OR	Per Month		Hours	Days
Apt / Meeting / Event	<input type="text"/>		<input type="text"/>	Duration of Apt/ Meeting / Event	<input type="text"/>	<input type="text"/>
Apt / Meeting / Event	<input type="text"/>		<input type="text"/>	Duration of Apt/ Meeting / Event	<input type="text"/>	<input type="text"/>

If leave is requested to meet with a third party (such as to arrange for child care 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 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.

Name of Individual:	Title:	Phone:	Fax:
Organization:			
Address:		Email:	
City:	State:	Zip:	
Describe nature of meeting:			

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

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_