

Family Medical Leave
Certification of Qualifying Exigency for Military Leave

Instructions to the Employee: Please complete the following information fully and completely. Several questions below 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 Family Medical Leave Act (FMLA) coverage. Your response is required to obtain a benefit. 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 must provide this form to your employer within 15 calendar days after you have notified your employer of the need for leave.

Employee's Name: _____
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

First Middle Last

Relationship of covered military member to you: _____

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 active duty status in support of a contingency operation. Please check on 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 active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

Part A: Qualifying Reason for Leave

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

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 of school official, 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

Part B: Amount of Leave Needed

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____
2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ___No___Yes
If so, estimate the beginning and ending dates for the period of absence: _____

3. Will you need to be absent from work periodically to address this qualifying exigency? ___No___Yes
If so, estimate schedule of leave, including the dates of any scheduled meetings or appointments: _____

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

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

Duration: _____ hours _____ day(s) per event

Part C: *If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school of 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, 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: _____

Organization: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

Describe nature of meeting: _____

Part D

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

Signature of Employee

Date

**Return Completed Form to: Lamar University/Lamar Institute of Technology Human Resources Office
PO Box 11127 Beaumont, TX 77710 or Fax to (409) 880-8464**