



**PART A: QUALIFYING REASON FOR LEAVE**

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

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- 2. A complete and sufficient certification to support a request for FMLA/OMFLA 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 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.
- 3. 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?  
 Yes       No

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

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- 3. 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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- 4. 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: MEETING CONTACT INFORMATION**

If leave is requested to meet with a third party (such as 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 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**PART D: CERTIFICATION**

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

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**