

San Joaquin County: Certification of Qualifying Exigency for Military Family Leave (FMLA)

INSTRUCTIONS to the EMPLOYEE: Please complete all parts of this form fully and completely. Several questions 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. Failure to provide the requested information within **15 calendar** days from the date of this notice may result in a denial of or delay in the processing of your FMLA request. **Please note that a new form must be completed for each qualifying event.** (i.e., one to meet with a school official and another to meet with a financial or legal advisor)

Employee Name (Print): _____

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

First	Middle	Last
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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 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 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

QUALIFYING EXIGENCIES ARE: (1) short-notice deployment; (2) military events and related activities; (3) childcare and school activities; (4) financial and legal arrangements; (5) counseling; (6) rest and recuperation; (7) post-deployment activities; and (8) additional activities agreed to by the employer and the employee

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 or 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 yes, estimate the beginning and ending dates for the period of absence: _____

