Certification for Military Family Leave for Qualifying Exigency under the Family and Medical Leave Act

U.S. Department of Labor Wage and Hour Division

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 I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, it asks the employee for the information necessary for a complete and sufficient qualifying exigency certification, which is set out at 29 C.F.R. § 825.309. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.**

(1)   Employee name: _____
                                    First   *Middle*   *Last*

(2)   Employer name: _____ Date: _____ *(mm/dd/yyyy)*
                                                                                                          (List date certification requested)

(3)   This certification must be returned by_____ *(mm/dd/yyyy)*.
          (Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete all Parts of Section II 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 .t

Employee Name: _____

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

Employee Name: _____

    ☐ 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)   List the approximate date exigency started or will start: _____ *(mm/dd/yyyy)*

(8)   Provide your best estimate of how long the exigency lasted or will last:

    From _____ *(mm/dd/yyyy)* to _____ *(mm/dd/yyyy)*

(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 _____ *(mm/dd/yyyy)* to _____ *(mm/dd/yyyy)*

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(11)   Due to a qualifying exigency, I w

☐   ☐   ☐   ☐   ☐