

**Certification of Qualifying Exigency for Military Family Leave
(Family and Medical Leave Act)
U.S. Department of Labor
Wage and Hour Division**



RETURN TO THE EMPLOYEE – DO NOT SEND TO THE DEPARTMENT OF LABOR

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The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave for a qualifying exigency while the employee's spouse, son, daughter, 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 permits 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**, absent unusual circumstances, to provide the certification. If the employee is unable to provide complete and sufficient certification, his or her 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/whd/fmla](http://www.dol.gov/whd/fmla).

SECTION I - EMPLOYER

Please complete Section I before giving this form to your employee.

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date _____
(List date certification requested from the employee)
- (3) On _____ *(date)*, we learned of your need for leave beginning on _____ *(date)*
for a potentially qualifying exigency.
- (4) This certification must be returned by _____.
(List date certification is due, which must be at least 15 calendar days from the date the certification is given to the employee)

SECTION I - EMPLOYER INSTRUCTIONS

Please complete Section I before giving this form to your employee. Your response is voluntary. While use of this form is optional, this form 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.** Information about the FMLA may be found [on the WHD website at http://www.dol.gov/whd/fmla](http://www.dol.gov/whd/fmla).

Employee Name: _____

SECTION II - EMPLOYEE

Please complete all Parts of Section II fully and completely and sign the form before returning it to your employer. (See page 5 for further instructions.)

(1) Provide the name of the military member on covered active duty or call to covered active duty status:

First

Middle

Last

(2) Relationship of the military member to you:

(Select as appropriate)

- Spouse
- Parent, including *in loco parentis*
- Son or daughter of any age, including *in loco parentis*

(In loco parentis refers to a relationship in which a person assumes the obligations of a parent to a child. This means that an employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent.)

PART A: COVERED ACTIVE DUTY STATUS

(1) Provide the dates of the military member's covered active duty service: _____

(2) Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status.

(Select as appropriate)

- A copy of the military member's covered active duty orders; or
- Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command; or
- 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.

Employee Name: _____

PART B: APPROPRIATE FACTS

(1) Select the **Qualifying Exigency Category**, as appropriate:

- Short notice deployment (*i.e., deployment within seven or fewer days of notice*)
- Military events and related activities (*e.g., official ceremonies or events, or family support and assistance programs*)

(State the military event(s) and related activities)

- Childcare related activities for the child of the military member (*e.g., arranging for alternative childcare*)

(State the childcare related activities)

- Care for the military member's parent (*e.g., admitting or transferring the parent to a new care facility*)

(State the care needed for the military member's parent)

- Financial and legal arrangements related to the deployment (*e.g., obtaining military identification cards*)
- Counseling related to the deployment (*counseling provided by someone other than a health care provider*)
- Military member's short-term, temporary Rest and Recuperation leave (R&R).
- Post deployment activities (*e.g., arrival ceremonies, or reintegration briefings and events*)

(State the post deployment activities)

- Any other event that the employee and employer agree is a qualifying exigency:

(State the agreed upon qualifying exigency event(s))

(2) **Available written documentation** supporting this request for leave is attached.

- Yes
- No
- None Available

PART C: AMOUNT OF LEAVE NEEDED

(1) List the approximate date exigency started or will start: _____

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

(Select as appropriate)

- (3) Because of a qualifying exigency, I will need to be absent from work for a **continuous period of time**. Provide your **best estimate** of the beginning and ending dates for the period of absence:

Employee Name: _____

- (4) Because of a qualifying exigency, I will need to be absent from work on an **intermittent basis** (periodically). Provide your **best estimate** of how often (the frequency) and how long (the duration) of each appointment, meeting, or leave event, including any travel time (e.g., 1 deployment-related meeting every month lasting 4 hours):

| <u>Amount of Time (Duration)</u> | <u>How Often (Frequency)</u> |
|----------------------------------|------------------------------|
| _____ Hour(s) | _____ Per Day |
| _____ Day(s) | _____ Per week |
| _____ Week(s) | _____ Per Month |
| _____ Month(s) | _____ Per Year |

- (5) Because of a qualifying exigency, I need to work on a **reduced schedule basis**. Provide your best estimate of the schedule of reduced work schedule needed:

Starting date _____ Ending date _____
Hour(s) per day _____ Day(s) per week _____

- (6) I need to be absent from work because of a qualifying exigency that involves **Rest and Recuperation** leave of the military member (this leave is limited to 15 calendar days for each instance of Rest and Recuperation leave). List the dates of the military member's Rest and Recuperation leave:

Starting date _____ Ending date _____

PART D: THIRD PARTY INFORMATION

Please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency:

Name of Individual / Entity: _____

Title: _____

Organization: _____

Address: _____

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

E-mail address: _____

Describe purpose of meeting: _____

I certify that the information I have provided on this form is true and correct.

Signature of Employee _____ Date _____

Employee Name: _____

SECTION II - EMPLOYEE INSTRUCTIONS

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. 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. Your response is required to obtain a benefit. 29 C.F.R. § 825.309. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. 29 C.F.R. § 825.313. Your employer must give you at least **15 calendar days** to return this form. Information about the FMLA may be found [on the WHD website at http://www.dol.gov/whd/fmla](http://www.dol.gov/whd/fmla).

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member’s covered active duty or call to 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 of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. *See* 10 U.S.C. § 101(a)(13)(B). An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. This information need only be provided to the employer once unless additional leave is needed for a different military member or different deployment.

Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

Under the FMLA, leave can be taken for a number of qualifying exigencies. *See* 29 C.F.R. § 825.126(b) for more information on each qualifying exigency reason. Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency also includes any available written documentation which supports the need for leave. The written 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, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or
- a document confirming an appointment with a third party (*e.g.*, a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs).

When FMLA leave is requested to meet with a third party, appropriate contact information of the individual or entity with whom you are meeting must be provided. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical 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. This information may be used by your employer to verify that the information contained on this form is accurate.

Employee Name: _____

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

RETURN TO THE EMPLOYER - DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.

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