



**FMLA Certification For Qualifying Military Exigency**

3. Will you need to be absent from work for a single continuous period due to the qualifying exigency?

\_\_\_ Yes \_\_\_ No

If yes, Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

4. Will you need to be absent from work periodically to address this qualifying exigency? \_\_\_ Yes \_\_\_ No

If yes, estimate schedule of leave, including the dates of any scheduled meetings or appointments:

\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Frequency and duration** of each appointment, meeting, or leave event, including any travel time:

# of hours per day: \_\_\_ # of days per week: \_\_\_ , or # of days per month: \_\_\_\_\_

**SECTION II, PART C: THIRD PARTY 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)*

Name of Individual: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Describe nature of meeting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.***

***I must submit or a Letter of Intent to Return to Work to Absence Management 10 days before the end date of an approved leave and receive a letter of Eligibility to Return to Work prior to returning to work.***

**Signature of Employee:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_