

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 the employee need to be absent from work for a single continuous period due to the Qualifying Exigency? ____ Yes ____ No

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

3. Will the employee 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:

And estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (*i.e.*, one deployment-related meeting every month lasting four hours):

Frequency: ____ times per ____ week(s) ____ month(s)

Duration: ____ hours ____ day(s) per event

PART C: IDENTIFICATION OF THIRD PARTY

If leave is requested to meet with a third party, the name, address, and telephone number, fax number or e-mail of the individual or entity with whom the employee is meeting is required in order for the certification to be considered complete. (Examples of leave would be for the following; to arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, act as the Covered 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 Purdue University to verify that the information contained on this form is accurate.

Name of third party individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Describe nature of meeting:

PART D: CERTIFICATION

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

Signature of Employee

Date