FMLA CERTIFICATION OF QUALIFYING EXIGENCY
FOR MILITARY FAMILY LEAVE

For Completion by Employee:

Instructions: This form must be fully completed and returned to Human Resource Service Center (HRSC) within 15 calendar days, absent extenuating circumstances. The FMLA permits 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 on this form 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 (Title 29 CFR § 825.310). While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave.

Employee Name: ____________________________________________________________

Name of Covered Military Member on Covered Active Duty or call to Covered Active Duty status:

___________________________________________________________________________

Relationship of Covered Military Member to employee: ________________________________

Period of Covered Military Member’s Covered 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 Covered Active Duty or call to Covered Active Duty status. Please check one of the following:

___ A copy of the Covered Military Member’s Covered Active Duty orders is attached.

___ Other documentation from the military certifying that the Covered Military Member is on Covered Active Duty (or has been notified of an impending call to Covered Active Duty) is attached.

___ Sufficient written documentation confirming the Covered Military Member’s Covered Active Duty or call to Covered Active Duty status has been previously provided to Purdue.

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason for requesting FMLA leave due to a Qualifying Exigency (Be specific):

___________________________________________________________________________

___________________________________________________________________________

2. A complete and sufficient certification to support a request for FMLA leave due to a Qualifying Exigency includes any available written documentation that 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 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