

FMLA CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

For Completion by Employee:

Instructions: This form must be fully completed and returned to <u>Human Resource Service Center (HRSC)</u> 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.

-mpio	yee Name:			
	First	Middle	Last	
lame	of Covered Military Membe	er on Covered Active Duty	or call to Covered	Active Duty status:
	First	Middle	Last	
Relatio	nship of Covered Military N	Member to employee:		
eriod	of Covered Military Membe	er's Covered Active Duty:		
nclude	olete and sufficient certifica s written documentation co ed Active Duty status. Plea	onfirming a Covered Milita	ry Member's Cover	
	A copy of the Covered M	ilitary Member's Covered	Active Duty orders i	s attached.
		n the military certifying tha notified of an impending c		ary Member is on Covered ve Duty) is attached.
		entation confirming the Cov ty status has been previou		per's Covered Active Duty or rdue.
PART	A: QUALIFYING REASON	N FOR LEAVE		
1.	Describe the reason for re	equesting FMLA leave due	e to a Qualifying Ex	igency (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

	upporting 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>i.e.</i> , 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			
mail of the be consid- counseling the Cover obtaining, military se	requested to meet with a third party, the name, address, and telephone number, fax number or e- e individual or entity with whom the employee is meeting is required in order for the certification to ered complete. (Examples of leave would be for the following; to arrange for childcare, attend g, attend meetings with school or childcare providers, make financial or legal arrangements, act as ed Military Member's representative before a federal, state, or local agency for purposes of arranging or appealing military service benefits; or to attend any event sponsored by the military or ervice organizations.) This information may be used by Purdue University to verify that the n contained on this form is accurate.			
Name of t	hird party individual: Title:			
Organizat	ion:			
Address:				
	e: Fax:			
Fmail:				

Describe nature of meeting:				
PART D: CERTIFICATION				
I certify that the information I provided above is true and correct.				
Signature of Employee	Date			