

Family and Medical Leave Act

CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

Employee Name:
Name of military member on covered active duty or call to covered active duty status:
Relationship of military member to employee:
Period of military member's covered active duty:
<p>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. Please check one of the following:</p> <p><input type="checkbox"/> A copy of the covered military member's active duty orders is attached.</p> <p><input type="checkbox"/> Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty).</p> <p><input type="checkbox"/> I have previously provided my employer with sufficient written documentation confirming the covered military member's covered active duty or call to covered active duty status.</p>
PART A: QUALIFYING REASON FOR LEAVE
Describe the reason for requesting FMLA leave due to a qualifying exigency (including the specific reason for requesting leave):
<p>A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which 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. For rest and recuperation leave, include a copy of the military member's Rest and Recuperation leave orders, or other documentation issued by the military setting forth the dates of the military member's leave.</p> <p>Available written documentation supporting this request for leave is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Available</p>
PART B: AMOUNT OF LEAVE NEEDED
Approximate date exigency commenced:
Probable duration of exigency:
<p>Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, estimate the beginning and ending dates for the period of absence:</p>

Will you need to be absent from work **periodically** to address this qualifying exigency? Yes No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

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: _____ hour(s) _____ day(s) per event.

PART C:

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangement, 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), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by the University of Illinois to verify that the information contained on this form is accurate.

Name of Individual:

Title:

Organization:

Address:

Telephone:

Fax:

Email:

Describe nature of meeting:

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

Signature of Employee

Date