## **STATE OF WEST VIRGINIA**

# FEDERAL FAMILY and MEDICAL LEAVE ACT (FMLA)

**Certification for Qualifying Exigency for Military Family Leave** 

### **SECTION I: For Completion by the EMPLOYER**

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete

| Section I before giving this form to your employee. You may not ask the employee to provide more information than allowed under the FMLA regulations, § 29 CFR 825.309.  |  |  |  |
|--|--|--|--|
| Name and address for the employer of the person requesting leave due to a qualifying exigency:   |  |  |  |
| EMPLOYER NAME:   |  |  |  |
| EMPLOYER ADDRESS:  |  |  |  |
| SECTION II: For Completion by the EMPLOYEE   |  |  |  |
| <b>INSTRUCTIONS to the EMPLOYEE:</b> Please complete Section II fully and completely. 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 in this section 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. § 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. Your employer must give you at least 15 calendar days to return this form to your employer. |  |  |  |
| Name of employee requesting leave due to a qualifying exigency:  |  |  |  |
| EMPLOYEE NAME (First, Middle/Middle Init., and Last):  |  |  |  |
| Name of current servicemember on covered active duty or call to covered active duty status:  |  |  |  |
| SERVICEMEMBER NAME (First, Middle/Middle Init., and Last):   |  |  |  |
| Employee relationship to current member: $\square$ Spouse $\square$ Parent $\square$ Son/Daughter $\square$ Next of Kin  |  |  |  |
| If Next of Kin, specify relationship:  |  |  |  |
| Period of current servicemember's covered active duty: BEG. DATE: END. DATE:   |  |  |  |
| A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a current servicemember's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the current servicemember is on covered active duty or call to covered active duty status.   |  |  |  |
| $\ \square$ A copy of the current servicemember's covered active duty orders is attached.  |  |  |  |
| ☐ Other documentation from the military certifying that the current–servicemember is on covered active duty (or has been notified of an impending call to covered active duty) is attached.  |  |  |  |
| ☐ I have previously provided my employer with sufficient written documentation confirming the current servicemember's covered active duty or call to covered active duty status.   |  |  |  |

# PART A: QUALIFYING REASON FOR LEAVE Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave): ☐Yes ☐ No Is available written documentation supporting this request for leave attached? A complete ☐ None Available 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 the current servicemember's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. PART B: AMOUNT OF LEAVE NEEDED Approximate date exigency commenced: Probable duration of exigency: ☐Yes ☐ No Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? If yes, estimate the beginning and ending dates for the period of absence: BEG. DATE: END. DATE: ☐Yes ☐ No Will you need to be absent from work periodically to address this qualifying exigency? 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., 1 deployment-related meeting every month lasting 4 hours): Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_ month(s)

#### PART C: MEETINGS AND OTHER EVENTS

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 current servicemember'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

Duration: \_\_\_\_\_ hours \_\_\_\_ day(s) per event

| employer 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: CERTIFICATION AND SIGNATURE   |        |       |  |
| I certify that the information I provided above is true and correct.        |        |       |  |
|   |        |       |  |
| Employee Signature:   | ·      | Date: |  |
|   |        |       |  |

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 your