



Certification of Qualifying Exigency for Military Family Leave Family and Medical Leave Act (FMLA)

Purpose of Form: The employee name below has requested a leave of absence due to a qualifying exigency which may qualify as a protected leave under the FMLA. This medical certification form will provide Time and Labor Administration with information needed to determine if the employee’s requested leave is for a qualifying reason under the FMLA.

This form should be returned within fifteen (15) calendar days of the request for this information. If additional time is needed to complete and return the form, please contact the Office of Human Resources at (850) 599-3611 to speak with a representative in Time & Labor Administration. You will need to provide a reason for the delay and the date when the certification will be provided. You may return the form in person, by mail, or by fax. The fax number is (850) 412-5566. If sending by fax, please include a fax cover sheet marked “CONFIDENTAL” and address the fax to Time & Labor Administration.

Instructions to the Employee: Please complete Section I fully and completely. You are required to submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to a qualifying exigency arising out of the active duty or call to active duty of a Covered Service Member. 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 or retain the benefit of FMLA protections. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request.

SECTION I – EMPLOYEE INFORMATION

Employee’s Name:

Name of Covered Service Member (for whom employee is requesting leave):

Relationship of family member to you: Spouse Parent Son Daughter Next of Kin

Period of Covered Service Member’s active duty: From: _____ To: _____

A complete and sufficient certification to support a request for FMLA leave due to active duty or call to active duty status includes written documentation confirming a Covered Service Member’s active duty or call to active duty status in support of a contingency operation or deployment to a foreign country.

Please check one of the following:

- A copy of the Covered Service Member’s active duty orders is attached.
- Documentation from the military certifying that the Covered Service Member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- I have previously provided sufficient written documentation confirming the Covered Service Member’s active duty or call to active duty status in support of a contingency operation.

