

## 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.			

PART A: QUALIFYING	REASON FOR LEAVE			
1. Describe the specific reason you are requesting FMLA leave due to a qualifying exigency (attach a separate				
sheet of paper if addition	ai space is needed):			
2 A complete and sufficie	ent certification to support a	a request for EMIA leave d	luo to a qualifying ovigonov	
	itten documentation which s			
include a copy of a me	eting announcement for ir	nformational briefings spo	onsored by the military, a	
	appointment with a counsel		• •	
	nancial affairs. Available wri ]No □ None Available	itten documentation suppo	orting this request for leave	
PART B: AMOUNT OF	LEAVE NEEDED			
1. Approximate date exig		Probable duration of exig	encv:	
		From:		
2. Will you need to be a exigency? ☐ Yes ☐ N	absent from work for a sin No	gle continuous period of	time due to the qualifying	
If yes, estimate the beginn	ning and ending dates for the	period of absence: From: _	To:	
3. Will you need to be abs	sent from work periodically	to address this qualifying e	xigency?   Yes   No	
If you actimate the school	ule of leave, including the d	ator of any schodulad mag	tings or appointments:	
ii yes, estimate the sched	· -	•		
Date:	Amt. of Time:	Date:	Amt. of Time:	
Date:	Amt. of Time:	Date:	Amt. of Time:	
Date:	Amt. of Time:	Date:	Amt. of Time:	
	and duration of each appoir related meeting every month		event, including any travel	
Frequency: times	$per \square Week(s) \square Month(s)$	<b>Duration</b> : hours o	r day(s) per episode	
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1. 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 arrangements; to act as the					
Covered Service 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 including the name, address, and appropriate					
contact information of the individual or entity with whom you are meeting is required. This information					
may be used by your employer to verify that the	information contained on this fo	orm is accurate.			
Name of Individual:	Title:				
Organization:					
Address:					
City:	State:	Zip:			
E-mail:	Phone:	Fax:			
2. Describe nature of meeting:					
PART D: EMPLOYEE CERTIFICATION					
I certify that the information that I provided above is true and correct.					
Signature of Employee:		Date:			

**PART C: THIRD PARTY INFORMATION**