



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

Instructions for Employee: You are required to submit a timely, complete, and sufficient medical certification to support a request for FMLA leave. This form will provide the Office of Human Resources with information needed to determine if your leave request is for a qualifying reason under the FMLA. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. **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 and request to speak with the FMLA Administrator. 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 the Office of Human Resources.

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 additional space is needed):

2. 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. Available written documentation supporting 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: From: _____ To: _____
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2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? Yes No

If yes, estimate the beginning and ending dates for the period of absence: From: _____ To: _____

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

If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

Date: _____	Amt. of Time: _____	Date: _____	Amt. of Time: _____
Date: _____	Amt. of Time: _____	Date: _____	Amt. of Time: _____
Date: _____	Amt. of Time: _____	Date: _____	Amt. of Time: _____

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) **Duration:** _____ hours or _____ day(s) per episode

PART C: THIRD PARTY INFORMATION

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 form is accurate.

Name of Individual:

Title:

Organization:

Address:

City:

State:

Zip:

E-mail:

Phone:

Fax:

Describe nature of meeting:

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

Signature of Employee:

Print Name:

Date: