



COUNTY OF ALAMEDA

FAMILY AND MEDICAL LEAVES CERTIFICATION FOR QUALIFYING EXIGENCY

Pursuant to the federal Family and Medical Leave Act (FMLA), the purpose of this form is to provide sufficient facts to support a request for military family leave due to a qualifying exigency. Qualifying exigency leave allows employees time off work for reasons related to their family member who is a military member on covered active duty or call to covered active duty status with the Armed Forces.

For Employee: Please complete this form in its entirety (All Sections, I through III). Several questions seek a response as the frequency and duration of the qualifying exigency leave. Be as specific as possible; terms such as "unknown," or "undetermined," may not be sufficient to determine FMLA coverage and may result in the denial of your leave request. Submission of a timely, completed and sufficient certification to support a request for FMLA leave due to a qualifying exigency is required to obtain the FMLA benefit. **You must return the required certification to your Human Resources Office/FML Coordinator/Disability Programs Division within 15 days.**

SECTION I

Employee's Name: _____ Employee's ID Number: _____

Classification: _____ Agency/Department: _____

Contact Telephone Number: _____ Immediate Supervisor: _____

1. Name of military member on covered active duty or call to covered active duty status with the Armed Forces: _____
2. Relationship of military member to you: _____
3. Period of military member's covered active duty: From: _____ Through: _____

SECTION II (PARTS A, B & C)

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:

1. A copy of the military member's covered active duty orders is attached.
2. 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 is attached.
3. I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

QUALIFYING REASON FOR LEAVE (PART A)

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (Include the specific reason you are requesting leave):

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 the military member's Rest and Recuperation leave; a document confirming an appointment with a third party (e.g. 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.

- Available written documentation supporting this request for leave is attached. Yes No None available

AMOUNT OF LEAVE NEEDED (PART B)

1. Approximate date exigency commenced: _____
2. Probable duration of exigency: _____
3. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? Yes No
 - If so, estimate the beginning and ending dates for the period of absence: From: _____ Through: _____
4. 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 (e.g., 1 deployment-related meeting every month lasting 4 hours):
 - Frequency: _____ times per _____ week(s)
 - Duration: _____ hours _____ day(s) per event

LEAVE FOR OTHER CIRCUMSTANCES (PART C)

If leave is requested to meet with a third party (e.g., to arrange for child care, parental care to attend counseling, to attend meetings with school, child care or parental care providers, to make financial or legal arrangements, 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 (e.g., either the telephone or fax number or email address of the individual or entity). This information may be used by the County of Alameda to verify that the information contained on this form is accurate.

Name of individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: () _____ Fax: () _____ Email: _____

Describe nature of meeting:

SECTION III

ACKNOWLEDGEMENT

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

Employee's signature

Date