Family Medical Leave
Certification of Qualifying Exigency for Military Leave

Instructions to the Employee: Please complete the following information fully and completely. Several questions below 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 Family Medical Leave Act (FMLA) coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. You must provide this form to your employer within 15 calendar days after you have notified your employer of the need for leave.

Employee's Name: ________________________________________

First       Middle       Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation:

_________________________________________________________

First       Middle       Last

Relationship of covered military member to you: ______________________________________________

Period of covered military member’s active duty: _________________________________________________

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member’s active duty or call to active duty status in support of a contingency operation. Please check on of the following:

___ A copy of the covered military member’s active duty orders is attached.

___ Other documentation from the military certifying that the covered military 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 my employer with sufficient written documentation confirming the covered military 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 reason you are requesting FMLA leave due to a qualifying exigency (including 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 an appointment with a counselor of 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: _________________________________________________________

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ___No ___Yes

   If so, estimate the beginning and ending dates for the period of absence: ____________________

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3. Will you need to be absent from work periodically to address this qualifying exigency? ___No___Yes

If so, 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)

Duration: _____hours_____day(s) per event

Part C: If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school of childcare providers, to make financial or legal arrangements, to act as the covered 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 (i.e., either the telephone or fax number or email address of the individual or entity). 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: ___________________________________________________________________________________________

Telephone: ( )__________________________ Fax: ( )________________________________________

Email: _____________________________________ _____________________________________________________________

Describe nature of meeting: ______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

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

__________________________________________ ______________________________
Signature of Employee Date

Return Completed Form to: Lamar University/Lamar Institute of Technology Human Resources Office
PO Box 11127 Beaumont, TX  77710 or Fax to (409) 880-8464