



CERTIFICATION FOR QUALIFYING EXIGENCY LEAVE ARISING OUT OF THE ACTIVE DUTY OR CALL TO ACTIVE DUTY OF A COVERED MILITARY MEMBER

Family and Medical Leave Act (FMLA)

SECTION I: For Completion by SETA

SETA HR REPRESENTATIVE

SETA HR REPRESENTATIVE MAILING ADDRESS

TELEPHONE

FAX

E-MAIL

SECTION II – To be completed by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits SETA to require that you submit a timely, complete, and sufficient 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 Military 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 a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. SETA will give you at least 15 calendar days to return this form.

1. Your Name

FIRST

MIDDLE

LAST

2. 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:

FROM:

TO:

3. 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 one 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 the University 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 specific reason(s) you are requesting FMLA leave due to a qualifying exigency:

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:

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:

FROM:

TO:

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

 No
 Yes

If so, estimate the 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 or _____ Day(s) per event**Part C:**

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 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 SETA to verify that the information contained on this form is accurate.

NAME OF INDIVIDUAL

TITLE

ORGANIZATION

ADDRESS (STREET)

(CITY, STATE, ZIP)

TELEPHONE:

FAX

E-MAIL

2. Describe nature of meeting:

Part D: SIGNATURE

SIGNATURE OF EMPLOYEE

DATE

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