COUNTY OF ALAMEDA



FAMILY AND MEDICAL LEAVES CERTIFICATION FOR MILITARY FAMILY LEAVE (Qualifying Exigency)

Pursuant to the federal Family 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 for reasons related to their family member who is a covered military member on active duty.

For Employee: Please complete this form in its entirety (Sections I – III). 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 Agency/Department Human Resources Office within 15 days.

		SECTION I	
Em	ployee's Name:	Employee's ID Number:	
Classification:			
Contact Telephone Number:		Immediate Supervisor:	
1.	Name of covered military member on covered active duty:		
2.	Relationship of covered military member to you:		
3.	Period of covered 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 covered military member's covered active duty status. Please check one of the following:

- 1. A copy of the covered military member's active duty orders is attached
- 2. D Other documentation from the military certifying that the covered military member is on covered active duty is attached
- 3. I have previously provided my employer with sufficient written documentation confirming the covered military member's covered active duty status.

QUALIFYING REASON FOR LEAVE (PART A)

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

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

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:throughthrough			
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 perweek(s) Duration:hoursday(s) per event 			
LEAVE FOR OTHER CIRCUMSTANCES (PART C)			
If leave is requested to meet with a third party (e.g., 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 (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:			
Describe nature of meeting: Bescribe nature of meeting: SECTION III ACKNOWLEDGEMENT I certify that the information I have provided above is true and correct.			
Employee's signature Date			