

TO BE COMPLETED BY EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete this certification fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for an absence that may qualify as FMLA leave (Military Exigency Absence) due to qualifying exigency. 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 or retain the benefit of FMLA and Military Exigency Absence protections. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave and Military Exigency Absence. Note: If this is a request for leave for a family member who is a seriously ill or injured covered servicemember, you may not use this form. Please obtain the *Serious Injury or Illness of a Covered Servicemember Certification* or *Serious Injury or Illness of a Veteran Certification* from your Human Resource Office.

Employee Name	Personnel Number
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University	Work Location
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Family Member / Military Member	Relationship to Employee
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Military Branch	Rank	Unit If Currently Assigned
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Period of Active Military Duty

Active Military Duty Documentation:

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 in a foreign country or in support of a contingency operation. Please check one of the following:

- A copy of the military member's active duty orders showing deployment to a foreign country is attached or in support of a contingency operation.
- 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 or in a foreign country.

Qualifying Reason for Leave:

1. Describe the reason you are requesting leave due to a qualifying exigency (include specific reasons you are requesting leave now and may request additional leave in the future).

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.
- There is no written documentation available.

Amount of Leave Needed:

3. What is the approximate date the exigency commenced or will commence?

4. What is the probable duration of the exigency?

5. 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(s):

Employee Name _____

Personnel Number _____

6. 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.

If yes, estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (example: deployment-related meeting every month lasting 4 hours).

Frequency: Number of times per week or month: _____ week or month

Duration: Number of hours or days per episode: _____ hours or days

Third Party:

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 (example: either the telephone number 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

Address

Telephone Number

E-Mail Address

Fax Number

Describe Nature of Meeting

Employee Certification:

I certify that the information I provided within this form is true and accurate.

Signature of Employee

Date

Return completed form to the employee or return it directly by mail or fax to:

Anna Shively, Benefits Manager, Office of Human Resources,
 G-8 Sutton Hall, 1011 South Drive, Indiana, PA 15705

Phone: 724.357.2431**Fax:** 724.357.2685**Email:** ashively@iup.edu