



**CERTIFICATION OF  
QUALIFYING EXIGENCY  
FOR MILITARY FAMILY LEAVE**  
HUMAN RESOURCES

Employee Support Services | One Washington Square | San José, CA 95192-0046

408-924-2250 | 408-924-1701 (fax)

**Purpose of the Form**

The FML permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FML due to a qualifying exigency. Your response is required to obtain or retain the benefit of FML protections. You have 15 calendar days from the date of your request for leave to return this form to the immediate supervisor.

**Employee Instructions**

Please complete this form as well as the Leave Request Form before submitting to your immediate supervisor. 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 FML coverage.

<b>Part A: For Completion by the EMPLOYEE</b>		
Employee Name:	Employee ID:	Home Phone:
Current mailing address:		
Department/College Name:		Campus Phone:
Name of covered military member on active duty or called to active duty and deployed to a foreign country:		
Relationship of qualified military member to you:		
Period of covered military member's active duty:		
<p>A complete and sufficient certification to support a request for FML leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status. Please check one of the following:</p> <p><input type="checkbox"/> A copy of the covered military member's active duty orders is attached.</p> <p><input type="checkbox"/> Other documentation from the military certifying that covered military member is on active duty (or has been notified of an impending call to active duty) is attached:</p>		

<b>Part B: Qualifying Reason for Leave</b>
<p>Describe the reason you are requesting FML leave due to a qualifying exigency (including the specific reason you are requesting leave):</p>          <p>A complete and sufficient certification to support a request for FML 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.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> None Available</p>

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 (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ months(s)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part C: Leave Request to Meet with 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 (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by Human Resources to verify that the information contained on this form is accurate.

Name of Individual :

Title:

Organization:

Address:

Telephone

Fax:

Email:

Describe nature of meeting: