



(not for HMC or UWMC staff)

**Family and Medical Leave
Certification of Qualifying Exigency for Military Family
Leave**

Return the completed form to:

Campus HR Operations & Services
University District Station Building
Box 354963
4320 Brooklyn Ave NE
Seattle, WA 98195-4963
Fax: (206) 685-0636
Email: hrleaves@uw.edu

**Do not submit to your unit or
department**

Employee Information (Please Print):

Employee name:	EID:	Employee phone:	Employee email:
Department:	Manager's name:	Manager's email:	

Military Member Information

Name of covered military member on active duty or called to active duty status:	Period of member's active duty: From (date) to (date)
Military member's relationship to you: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent Is this a "step" relationship (e.g. step parent, step brother, etc)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Certification to support a request for FMLA leave due to a qualifying exigency must include written documentation confirming a covered military member's active duty or call to active duty status. 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) 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.

Qualifying Reason for Leave

Describe the situation ("qualifying exigency") that makes it necessary for you to request leave:

[Empty text box for describing the qualifying reason for leave]

Certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave. The documentation may include such documents as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, a copy of a bill for services for the handling of legal or financial affairs, or other similar documentation. Available written documentation supporting this request for leave is attached.

- Yes No None Available

Family and Medical Leave Certification of Qualifying Exigency for Military Family Leave	Employee Name:	EID:
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If you are requesting leave to meet with a third party, please provide the information requested below. If you are meeting with multiple persons/entities, please copy this form and complete this section for each person/entity with whom you meet. (Examples of qualifying meetings include those to: arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, act as the covered military member's representative before a federal, state, or local agency to obtain, arrange for, or appeal denial of military service benefits, or to attend any event sponsored by the military or military service organizations.)

Name of individual:	Phone #:	Fax:	Email:
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Position title:	Organization:	Address:
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Describe nature of meeting:

Amount of Leave Needed

The situation that requires me to take leave began on approximately (date):	Probable duration of situation From (date) to (date)
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Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? No Yes
 If yes, estimate the beginning and ending dates for the period of absence: from (date) to (date)

Will you need to be absent from work intermittently to address this situation? No Yes
 If yes, 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., one deployment-related meeting every month lasting 4 hours)

Frequency: times per week(s) *-or-* month(s)

Duration: hours or day(s) per event

Signature

Employee Signature: _____ Date: _____