



Printed Name of Employee: \_\_\_\_\_

during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation, or any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation.

**Provide the dates of the military member's covered active duty service:** \_\_\_\_\_

Please check one of the following *and attach the indicated written document* to support that the military member is on covered active duty or call to covered active duty status:

\_\_\_ A copy of the **military member's covered active duty orders**

\_\_\_ **Other documentation from the military** indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command

\_\_\_ I have **previously provided my employer with sufficient written documentation** confirming the military member's covered active duty or call to covered active duty status

## Part B: Appropriate Facts

Under the FMLA, leave can be taken for a number of qualifying exigencies. Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

Select the appropriate Qualifying Exigency Category and, if needed, provide additional information related to the event:

\_\_\_ **Short notice deployment** (*i.e., deployment within seven or fewer days of notice*)

\_\_\_ **Military events** and related activities (*e.g., official ceremonies or events, or family support and assistance programs*). Please specify: \_\_\_\_\_

\_\_\_ **Childcare** related activities for the child of the military member (*e.g., arranging for alternative childcare*). Please specify: \_\_\_\_\_

\_\_\_ **Care for the military member's parent** (*e.g., admitting or transferring the parent to a new care facility*). Please specify: \_\_\_\_\_

\_\_\_ **Financial and legal arrangements** related to the deployment (*e.g., obtaining military identification cards*)

\_\_\_ **Counseling** related to the deployment (*i.e., counseling provided by someone other than a health care provider*)

\_\_\_ Military member's **short-term, temporary Rest and Recuperation leave (R&R)** (leave for this reason

Printed Name of Employee: \_\_\_\_\_

Is limited to 15 calendar days for each instance of R&R)

\_\_\_ **Post deployment activities** (e.g., arrival ceremonies, or reintegration briefings and events). Please specify: \_\_\_\_\_

\_\_\_ Any other event that the employee and employer agree is a **qualifying exigency**. Please specify: \_\_\_\_\_

**Available written documentation** supporting this request for leave is:

\_\_\_ attached / \_\_\_ not attached/ \_\_\_ not available).

### Part C: Third Party Information

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care; to attend non-medical counseling; to attend meetings with school, childcare or parental care providers; to make financial or legal arrangements; to act as the 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.

**Individual (e.g., name and title) or Entity / Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please attach a business card.**

**Describe purpose of meeting:** \_\_\_\_\_

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**Do not send the completed form to the Department of Labor. Return form to the TU ADA/504 Coordinator.**