



### FMLA CERTIFICATION FOR QUALIFYING MILITARY EXIGENCY

Please return completed forms to Absence Management  
 14201 School Lane, Room 132. Upper Marlboro, MD 20772.  
 Phone: 301-952-6200. Fax: 301-760-3593. Email: absence.mgmt@pgcps.org

#### SECTION I: TO BE COMPLETED BY THE EMPLOYEE: EXTENDED LEAVE REQUEST FORM (Required)

I have completed and attached the EXTENDED LEAVE REQUEST FORM.      Yes      No

To qualify for FMLA entitlements, you must submit a complete, sufficient, and timely medical certification to support your leave request under FMLA. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide sufficient medical certification will result in the denial of your FMLA request. Please return this form to Absence Management within 15 calendar days. By signing below, I grant Absence Management permission to verify all supporting documents to determine eligibility and FMLA entitlements under qualifying military exigency.

#### SECTION II: TO BE COMPLETED BY THE EMPLOYEE:

##### SECTION II, PART A: EMPLOYEE INFORMATION

Employee's Name: \_\_\_\_\_ EIN: \_\_\_\_\_  
First Middle Last

Work Organization: \_\_\_\_\_ Job title: \_\_\_\_\_

Name of military member on covered active duty or call to covered active duty status: \_\_\_\_\_

Relationship of covered military member to employee:   \_\_\_ Spouse   \_\_\_ Parent   \_\_\_ Son  
First Middle Last

\_\_\_ Daughter   \_\_\_ Next of Kin: Your relationship to covered military member \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Period of covered military active duty: \_\_\_\_\_

If applicable, do you elect to use your projected leave?      Yes      No.

To support your request for FMLA leave due to a qualifying exigency, include a written documentation confirming a military member's covered active duty or call to covered active duty status, plus any one of the following:

- \_\_\_ An attached copy of the military member's covered active duty orders;
- \_\_\_ 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 staff at a care facility;
- \_\_\_ A copy of a bill for services, handling legal or financial affairs
- \_\_\_ 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

##### SECTION II, PART B: QUALIFYING REASON FOR LEAVE

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

##### SECTION II, PART C: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: \_\_\_\_\_

2. Probable duration of exigency: \_\_\_\_\_

**FMLA Certification For Qualifying Military Exigency**

3. Will you need to be absent from work for a single continuous period due to the qualifying exigency?

\_\_\_ Yes \_\_\_ No

If yes, Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

4. Will you need to be absent from work periodically to address this qualifying exigency? \_\_\_ Yes \_\_\_ No

If yes, estimate schedule of leave, including the dates of any scheduled meetings or appointments:

\_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Frequency and duration** of each appointment, meeting, or leave event, including any travel time:

# of hours per day: \_\_\_ # of days per week: \_\_\_ , or # of days per month: \_\_\_\_\_

**SECTION II, PART C: THIRD PARTY INFORMATION**

*If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend 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)*

Name of Individual: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Describe nature of meeting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.***

***I must submit or a Letter of Intent to Return to Work to Absence Management 10 days before the end date of an approved leave and receive a letter of Eligibility to Return to Work prior to returning to work.***

**Signature of Employee:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_