



# CERTIFICATION OF QUALIFYING EXIGENCY

## Federal Family and Medical Leave Act (FMLA)

### Section I. Agency Completes this Section

Name of agency: Oregon Military Department

Human Resource or agency contact information: Robin Webb, FMLA/OFLA Coordinator

### Section II. Employee Completes this Section

**Instructions to the employee:** Please complete Section II fully and completely. The FMLA permits the agency to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a 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 leave. Failure to complete the form may result in a denial of your request for FMLA leave. You have 15 calendar days to return this form to the agency.

Your name: \_\_\_\_\_  
(first) (middle) (last)

Name of covered military member on active duty or call to active duty status in support of a contingency operation:  
\_\_\_\_\_  
(first) (middle) (last)

Relationship of covered military member to you (check one):  
 spouse     parent     son     daughter

Period of covered military member's active duty: \_\_\_\_\_

A complete and sufficient 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 status in support of a contingency operation. 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) in support of a contingency operation is attached.
- I have previously provided the agency with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

#### Part A: 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency must include any 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 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.  yes     no     none available

#### Part B: Amount of Leave Needed

1. Approximate date exigency commenced: \_\_\_\_\_  
Probably duration of the exigency: \_\_\_\_\_

2. 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: \_\_\_\_\_  
\_\_\_\_\_

3. 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., one deployment-related meeting every month lasting four hours): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_ times per \_\_\_\_ week(s) \_\_\_\_ month(s).    Duration: \_\_\_\_ hours \_\_\_\_ day(s) per event.

**Part C:**

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 entity 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 is required and must include 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 the agency to verify that the information contained on this form is accurate.

Name of Individual (third party) \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Describe the nature of the meeting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part D:**

I certify that the information I provided above is true and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Employee returns this form and required documentation listed above  
to the State Personnel office**

**Oregon Military Department, Attn: AGP, PO Box 14350, 1776 Militia Way SE, Salem, OR 97309,  
Fax 503-584-3556**