

Please return completed form to:  
 Idaho State University  
 Office of Human Resources  
 921 South 8<sup>th</sup> Ave., Stop 8107  
 Pocatello, ID 83209-8107



**Certification of Qualifying Exigency for Military Leave  
 (Family and Medical Leave Act)**

**Section I – Contact Information (to be completed by Idaho State University)**

Employer Contact Name

**Section II – Employee Information (to be completed by employee)**

Employee Name

Name of covered military member on active duty or called to active duty status in support of a contingency operation

Relationship of covered military member to you

Period of covered military member's active duty

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

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to 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 my employer with sufficient written documentation confirming the covered military member's active duty or called to active duty status in support of a contingency operation.

**Part A - Qualifying Reason for Leave (to be completed by employee)**

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

A complete and sufficient certification to support a request for FMLA 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.  Yes  No  None Available

**Part B – Amount of leave needed (to be completed by employee)**

Approximate date exigency commenced

Probable duration of exigency

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  Yes  No

If so, estimate the beginning and ending dates for the period of absence:

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) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per event

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 your employer to verify that the information contained on this form is accurate.

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

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

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

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: \_\_\_\_\_ ( \_\_\_\_\_ )

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date