COUNTY OF ALAMEDA

FAMILY AND MEDICAL LEAVES CERTIFICATION FOR MILITARY FAMILY LEAVE (Qualifying Exigency)

Pursuant to the federal Family Medical Leave Act (FMLA), the purpose of this form is to provide sufficient facts to support a request for military family leave due to a qualifying exigency. Qualifying exigency leave allows employees time off for reasons related to their family member who is a covered military member on active duty.

<u>For Employee:</u> Please complete this form in its entirety (Sections I – III). Be as specific as possible; terms such as "unknown," or "undetermined," may not be sufficient to determine FMLA coverage and may result in the denial of your leave request. Submission of a timely, completed and sufficient certification to support a request for FMLA leave due to a qualifying exigency is required to obtain the FMLA benefit. You must return the required certification to your Agency/Department Human Resources Office within 15 days.

	SECTION I				
Employoo's Namo	Employee's ID Number:				
	Department:				
	·				
Contact Telephone Number: Immediate Supervisor:					
Relationship of covered military member to you:					
Period of covered military member's covered active duty:	From: Through:				
SECTION	ON II (PARTS A, B & C)				
	ave due to a qualifying exigency includes written documentation confirming a covered military				
member's covered active duty status. Please check one of the following					
A copy of the covered military member's active duty orders is attached					
2. Other documentation from the military certifying that the covered military member is on covered active duty is attached					
3. I have previously provided my employer with sufficient written documentation confirming the covered military member's covered active duty status.					
QUALIFYING	REASON FOR LEAVE (PART A)				
Describe the reason you are requesting FMLA leave due to a	a qualifying exigency (be specific):				
supports the need for leave; such documentation may includ	or FMLA leave due to a qualifying exigency includes any available written documentation which de a copy of a meeting announcement for informational briefings sponsored by the military, a shool 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 at					

AMOUNT OF LEAVE NEEDED (PART B)								
1.	Annrovimate d	late exigency common						
2.								
3.								
	If so, estimate the beginning and ending dates for the period of absence: through							
4.								
	 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 (e.g., 1 deployment-related meeting every month lasting 4 hours):								
	0	Frequency: Duration:	times per hours	week(s) day(s) per event				
LEAVE FOR OTHER CIRCUMSTANCES (PART C)								
If leave is requested to meet with a third party (e.g., 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 (e.g., either the telephone or fax number or email address of the individual or entity). This information may be used by the County of Alameda to verify that the information contained on this form is accurate. Name of individual: Title:								
Telephon	ne:		Fax:		Email:			
Describe nature of meeting:								
SECTION III								
SECTION III								
ACKNOWLEDGEMENT I certify that the information I have provided above is true and correct.								
Employee's signature				Date				