

Please complete this form as well as the Leave Request Form before submitting to your immediate supervisor. 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 FML coverage.

Part A: For Completion by the EMPLOYEE		
Employee Name:	Employee ID:	Home Phone:

Current mailing address:

Relationship of qualified military member to you:
Period of covered military member's active duty:

A complete and sufficient certification to support a request for FML leave due to a qualifying exigency includes

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., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ months(s)

Employee Signature: _____ Date: _____

Part C: Leave Request to Meet with Third Party

If leave is requested to meet with a third party (such as 233.64 622.02 54 0.48 ref341.a0