University of Kentucky

Request for Family and Medical Leave

Qualifying Exigency for Military Family Leave

Please return the completed certification form to your supervisor within 15 calendar days of receipt of this application or the date condition commenced. Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.
PART I is completed by the employee requesting leave.

Employee Information:
If you meet the eligibility requirements under the federal Family and Medical Leave Act (FMLA):

- You have a right to receive up to 12 weeks of unpaid leave in a 12 month period.
- If you currently receive employer paid health benefits coverage, you will be able to continue your basic insurance coverage during FMLA leave. For questions, please contact HR Employee Benefits at (859) 257-9519 (press 3 for Benefits).
- As allowed under the law, and provided you comply with University policy, you will be returned to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA leave, unless a reduction in force or reorganization impacts your position. If this happens, you may be separated from the University in accordance with the guidelines in effect for such situations.

For questions regarding FMLA, please contact the HR Employee Relations Office at (859) 257-9555 ext. 7.

PART I – To Be Completed by Employee

Employeeôs Name (please print): Employeeôs Person ID: Employeeôs Phone #: Home/Primary _____	Department: Supervisor:

Relationship of Employee to Covered Servicemember

Relationship: ☐ Parent (not parent-in-law) ☐ Spouse (husband/wife) ☐ Child ☐ Next of Kin

Name of servicemember on active duty or call to active duty status in support of a contingency operation:

_____ _____ _____
(first) (middle) (last)

Regular Work hours per week	Days per Week Scheduled to Work	Work Shift
☐ 40 ☐ 37.5 ☐ 30 ☐ 20 ☐ Other ___	☐ M ï F ☐ Other _____	☐ Days ☐ Evening ☐ Night ☐ Other ____

I am requesting an intermittent work schedule (describe requested schedule):

If you are requesting a reduced or intermittent work schedule because of your own serious health condition, please provide your health care provider with a description of your job tasks. If you need assistance, contact your supervisor.

PART IA – Covered Servicemember Information

Is the covered Servicemember a Current Member of the Regualr Armed Forces, the National Guard or Reserves? ☐ Yes ☐ No

If yes, please provide the covered servicememberôs military branch, rank and unit currently assigned:

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military memberôs 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 memberôs active duty orders is attached
☐ Other documentation from the military certifying that the military member is on active duty (or has been notified of an impending call to covered active duty) is attached.
☐ I have previously provided my employer with sufficient written documentation confirming the military memberôs covered active duty or call to active duty status.

Continued 3 3 3 3

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 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 the military memberôs Rest and Recuperation; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; 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

Amount of leave needed

1. Approximate date exigency commenced:_____
Probable duration of 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. 1 deployment ï related meeting every month lasting 4 hours):

Frequency:_____times per_____week(s)_____month(s)

Duration:_____hours_____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 memberôs representative before a federal, state, or local agency for the 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: (_____)_____
Email:_____
Describe nature of meeting:

Employee Signature	Date