

Certification of Qualifying Exigency Leave for Military Family Leave

California Department of Human Resources
State of California

QUALIFYING EXIGENCY LEAVE

Part A. For Completion by the Employee

INSTRUCTIONS to EMPLOYEE: The FMLA permits that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency or deployment to a foreign country. Several questions in this section seek a response as to the frequency or duration of the deployment. 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 a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. **You have 15 calendar days to return this form.**

Employee Last Name	Employee First Name	Employee Middle Name	Date
_____	_____	_____	_____
Division/Unit		Daytime Telephone Number	
_____		_____	

Name of the covered military member on active duty or call to active duty status:
 Last Name _____ First Name _____ Middle Name _____

Your relationship to the covered service member: Spouse Parent Child

Period of military member's active duty: _____

A complete and sufficient certification to support a request for FMLA leave due to active duty or call to active duty status includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation or deployment to a foreign country.

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) is attached.
- I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status.

Part B. Qualifying Reason for Leave

1. Describe the specific reason you are requesting FMLA leave due to a qualifying exigency or deployment to a foreign country (attach a separate sheet of paper if additional space is needed):

2. A complete and sufficient certification to support a request for FMLA leave 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 C. Amount of Leave Needed

1. Approximate date exigency or deployment to a foreign country commenced: _____
2. Probable duration of deployment: _____
3. Will you need to be absent from work for a single continuous period of time due to the deployment?
 Yes No
If Yes, estimate the beginning and ending dates for the period of absence:
_____ to _____
4. Will you need to be absent from work periodically to address the deployment? Yes No
If Yes, estimate schedule of leave, including the dates of any scheduled meetings or appointments:

5. 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):
Frequency: _____ times per _____ week(s) _____ month(s)
Duration: _____ hours _____ day(s) per event

Part D. Third Party Information

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 (e.g., either the telephone or fax number or e-mail address of the individual or entity). This information may be used to verify the accuracy of the information contained on this form.

Name of Individual	Title		
Organization	Email		
Address	City	State	Zip Code
Telephone	Fax		

Describe Nature of Meeting

Part E. Employee Certification

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

Signature of Employee	Date
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Privacy Notice

This notice is provided pursuant to the Information Practices Act of 1977.

The California Department of Human Resources (CalHR), Personnel Management Division is requesting the information specified on this form.

The information collected will be used for purposes of determining your eligibility for FMLA/CFRA, benefits.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, there may be a delay in processing your request.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy on CalHR's website (calhr.ca.gov).

Access to Your Information

Information provided on this form will be maintained by the CalHR Personnel Management Division pursuant to State Administrative Manual retention requirements. Individuals have the right of access to copies of this form on request. Send requests to:

Personnel Management Division
Department of Human Resources
1515 S Street, Suite 500N
Sacramento, CA 95811