

Employee Name: \_\_\_\_\_ FMLA Claim #: \_\_\_\_\_

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

**SECTION I: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section I fully and completely. The FMLA permits an employer to require that an employee submit a timely, complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency. 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 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. The employer must give an employee at least 15 calendar days to return this form to the employer.

Your Name:

\_\_\_\_\_  
First Middle Last

Name of military member on covered active duty or call to covered active duty status in a foreign country:

\_\_\_\_\_  
First Middle Last

Relationship of military member to you: \_\_\_\_\_

Period of military member's covered active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status in a foreign country. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status:

- A copy of the military member's covered active duty orders is attached.
- Other documentation from the military certifying that the military member is on covered active duty (*or has been notified of an impending call to covered active duty*) in a foreign country is attached.
- I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status in a foreign country.

**Part A: QUALIFYING REASON FOR LEAVE**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- 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 member's Rest and Recuperation leave; 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 is attached for leave.  Yes  No  None Available

**Part B: 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 so, please 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-related meeting every month lasting 4 hours*):

Frequency: \_\_\_\_\_ times per: \_\_\_\_\_ week(s) \_\_\_\_\_ month(s) \_\_\_\_\_

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

**Part C:**

If leave is requested to meet with a third party (*such as to arrange for childcare, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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: \_\_\_\_\_

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**Part D:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Please return to the employer's FMLA administrator at:

MetLife Disability  
P.O. Box 14590  
Lexington, Kentucky 40512  
Fax: 1-800-230-9531