

## FMLA CERTIFICATION FOR QUALIFYING MILITARY EXIGENCY

Please return completed forms to Absence Management 14201 School Lane, Room 132. Upper Marlboro, MD 20772.

No

Phone: 301-952-6200. Fax: 301-760-3593. Email: absence.mgmt@pgcps.org

SECTION I: TO BE COMPLETED BY THE EMPLOYEE: EXTENDED LEAVE REQUEST FORM (Required)

I have completed and attached the EXTENDED LEAVE REQUEST FORM.

SECTION II. TO BE COMPLETED BY THE EMPLOYEE.

To qualify for FMLA entitlements, you must submit a complete, sufficient, and timely medical certification to support your leave request under FMLA. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide sufficient medical certification will result in the denial of your FMLA request. Please return this form to Absence Management within 15 calendar days. By signing below, I grant Absence Management permission to verify all supporting documents to determine eligibility and FMLA entitlements under qualifying military exigency.

SECTION II. TO BE CO							
SECTION II, PART A: EMPLOYEE INFORMATION Employee's Name:			EIN:				
. , _	First	Middle	Last				
Work Organization:			Job title:				
Name of military me	mber on covered ac	tive duty or call to co	vered active du	ty status:			
Relationship of cove	red military member	to employee:S	spouse	Parent	First Son	Middle	Last
Daughter	Next of Kin: You	relationship to cove	red military me	mber			_
If family member	is your son or daugh	nter, date of birth:					_
Period of covered	l military active duty	:					_
If applicable, do y	ou elect to use your	projected leave?	Yes No.				
	•	lue to a qualifying ex call to covered active	• , .			-	ng a
An attached co	opy of the military m	ember's covered act	ive duty orders	;			
A copy of a me	eeting announcemer	nt for informational b	riefings sponso	red by the mi	litary;		
A document co	onfirming an appoint	tment with a counsel	or or school off	icial, or staff	at a care fa	acility;	
A copy of a bil	l for services, handli	ng legal or financial a	ffairs				
I have previou	sly provided my emp	oloyer with sufficient	written docum	entation conf	firming the	military	
member's cov	vered active duty or o	call to covered active	duty status				
SECTION II, PART B:	QUALIFYING REASO	N FOR LEAVE					
		ng FMLA leave due to				ecific reaso	on you
SECTION II, PART C:							
1. Approximate date	e exigency commend	ed:					-
2. Probable duration	n of exigency:						

## **FMLA Certification For Qualifying Military Exigency**

Signature of Employee:	Home Phone #:	Date:
	o Return to Work to Absence Management of Eligibility to Return to Work prior to reto	
ao so, commis a crime and may be	sent to prison, or may juce other penulities	, 0. 5001.
• • • •	ng statement about a material jact in this i sent to prison, or may face other penalties	
•	ind correct to the best of my knowledge.  I ng statement about a material fact in this i	·
I declare under penalty of perjury th	nat I have examined all the information on	this form, and on any accompanying
	<del></del>	
Describe nature of meeting:		
Email:		
	Fax:	
Title:		
	Organization	
to attend meetings with school, child the military member's representative appealing military service benefits, o	third party (such as to arrange for childcare deare or parental care providers, to make fire before a federal, state, or local agency for to attend any event sponsored by the mili	nancial or legal arrangements, to act as purposes of obtaining, arranging or
SECTION II, PART C: THIRD PARTY IN		
# of hours per day: # of d	ays per week: , <b>or</b> # of days per mont	:h:
	n appointment, meeting, or leave event, inc	- ,
	Ending Date:	
-	work periodically to address this qualifying ve, including the dates of any scheduled me	· · —
	Ending Date:	
YesNo		
·	work for a single continuous period due to	the qualifying exigency?

**Revised 6/2015**