Leave of Absence Certification:
Qualifying Exigency for Military Family Leave

INSTRUCTIONS to the EMPLOYEE:
The FMLA allows your employer to require that you submit a timely, complete, and sufficient certification to support your request for FMLA leave due to a qualifying exigency.

Several questions on this form 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.

If requested by your employer, completion of this certification is needed for you to get or keep the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a delay or denial of your FMLA request. 29 C.F.R. § 825.310. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your Last Name: _____________________________ First Name: _____________________________ Middle Initial: ______

How many hours are you scheduled to work each week? ______________

Please circle your scheduled work days: SAT  SUN  MON  TUE  WED  THUR  FRI

If your schedule varies each week, please check here: □

On the days that you work, are you scheduled to work the same number of hours each day?  □ Yes  □ No

What time are you scheduled to begin and end your work day? Begin ________ End ________

Are you paid overtime if you work more than 40 hours in a week?  □ Yes  □ No

Name of covered military member on covered active duty or call to covered active duty status:

First: _____________________________ Middle: _____________________________ Last: _____________________________

That person’s relationship to you (spouse, parent, child): __________________________________________

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. 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) 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.

1 This form may be used for certification of leave under the federal Family and Medical Leave Act (FMLA) as well as state leaves and employer’s company leaves.
2 Reference to your employer extends to Aetna in its capacity as your employer’s third party administrator.
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):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 for leave is attached:
☐ Yes  ☐ No  ☐ None Available

PART B: AMOUNT AND NATURE OF LEAVE NEEDED

1. Approximate date exigency started: ____________________________

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.

Begin ____________ End ______________

3. Will you need to be absent from work periodically to address this qualifying exigency?
☐ Yes  ☐ No

If yes, estimate your 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 (e.g., 1 appointment every week, lasting 2 hours):

FREQUENCY: _____ time(s) every: _____ ☐ week(s) _____ ☐ month(s)

(Example: 1 time(s) every: ____ ☐ week(s) 3 ☐ month(s) to indicate “once every 3 months”)

DURATION: _____ ☐ hour(s) _____ ☐ day(s) per event

(Example: _____ ☐ hour(s) 2 ☐ day(s) per event to indicate “2 days per event”)

GR-69281 (4-17)
PART C

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, 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: __________________________
Describe nature of meeting: ________________________________________________

PART D

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

Employee Signature __________________________ Date __________________________