

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

Academic Faculty, Administrative Professionals,
Veterinary and Clinical Psychology Interns,
Post Doctoral Fellows
HUMAN RESOURCES

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employee seeking FMLA leave due to a qualifying exigency to submit a certification.

Employer Name: **Colorado State University** Department Representative: _____

Department: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits CSU to require that you 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. CSU is required to give you at least 15 calendar days to return this form to your employer.

Employee Name: _____
First Middle Last

Oracle Employee EID#: _____

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

First Middle Last

Relationship of military member to you: _____

Period of military member's active duty: _____

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

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):

CONTINUED ON NEXT PAGE



555 S. Howes Street, 2nd Floor | Campus Delivery 6004
Fort Collins, CO 80523-6004
www.hrs.colostate.edu | (970) 491-MyHR (6947)

(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, 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 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:

(Beginning Date) _____ (Ending Date) _____

(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 (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 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 CSU Human Resources 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.

Signature of Health Care Provider

Date