

Code: GCBDA/GDBDA-AR(3)(C)

Adopted: 2/11/10

Orig. Code(s): GCBDA/GDBDA-AR(3)(C)

Military Family Leave

Certification of Qualifying Exigency for Military Family Leave

Section 1: To be completed by the employee:

Complete the information below fully and completely. The FMLA or OMFLA permits the district to require that you submit a timely, complete and sufficient certification to support a request for FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment. 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 "lifetime," "unknown" or "indeterminate" may not be sufficient to determine FMLA or OMFLA 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 qualifying leave. The district must give you at least 15 calendar days to return this form to the district.

Emp	loyee's name:First				
	First	Middle	Last		
Nam	ne of covered military member on a	ctive duty or call to active duty	status in support of a conti	ngency operation:	
-	First	Middle	Last		
Rela	tionship of covered military member	er to you:			
Perio	od of covered military member's ac	tive duty:			
writt	emplete and sufficient certification the documentation confirming a countingency operation. Please check	vered military member's active			
	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) in support of a contingency operation is attached. I have previously provided the district with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.				
Part	A: Qualifying reason for leave				
1.	Describe the reason you are requereason you are requesting leave):		qualifying exigency (inclu	ding the specific	

2.	Describe the reason you are requesting OMFLA (include specific reason below):			
3.	A complete and sufficient certification to support a request for qualifying 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 information 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	B: Amount of leave needed			
1.	Approximate date exigency/deployment commenced or will commence			
	Probably duration of exigency			
2.	Will you need to be absent from work for a single continuous period of time due to the qualifying exigency/deployment? \Box Yes \Box No			
	If yes, 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/deployment? \square Yes \square No If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:			
4.	Estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (i.e., One deployment-related meeting every month lasting four hours) (FMLA only):			
	Frequency: times per week(s) month(s)			
	Duration: hours or day(s) per event			

Part C: Third party certification

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 (i.e. either the telephone or fax number or email address of the individual or entity). This information may be used by the district to verify that the information contained on this form is accurate (FMLA only).

Name of individual	Title
Organization	
Telephone ()	Fax ()
Email	
Describe nature of meeting	<u>-</u>
Part D: Employee Signature	
I certify that the information I provided above is true the employee within five business days of receiving o	and correct. For OMFLA purposes notice must be given by official notice.
Signature of Employee	Date
Section 2: To be completed by the district:	
district may require an employee seeking FMLA or O	yment to submit a certification. Employees may not be asked
District:	·
Superintendent or designee information:	