

**UNIVERSITY OF WISCONSIN SYSTEM**  
**CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE**  
(FAMILY AND MEDICAL LEAVE ACT)

<b>SECTION 1: For Completion by the EMPLOYER</b>
Name of UW Institution: UW-
Name of Employer Contact:
Address of Employer:
Employer Contact Phone/Email:
<b>SECTION 2: For Completion by the EMPLOYEE</b>
<b>INSTRUCTIONS TO THE EMPLOYEE:</b> Please complete Section 2 (Parts A-D). Several questions 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, your response is required to obtain or retain the benefit of FMLA protections. Failure to provide a sufficient certification may result in a denial of your FMLA request. Your employer must give you at least 15 calendar days to return this form to your employer.
Employee Name:
Name of military member on covered active duty or called to covered active duty status:
Relationship of military member to you:
Anticipated 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. Please check one of the following:  <input type="checkbox"/> Attached is a copy of the military member’s covered active duty orders.  <input type="checkbox"/> Attached is 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).  <input type="checkbox"/> I previously provided my employer with sufficient written documentation confirming the military member’s covered active duty or call to covered active duty status.
<b>PART A: QUALIFYING REASON FOR LEAVE</b>
1. Describe the specific reason you are requesting FMLA leave to due to qualifying exigency:
2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any written documentation that supports the need for leave (e.g. a copy of a meeting announcement for informal 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 affairs). Available written documentation supporting this request for leave is attached.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Available

**PART B: AMOUNT OF LEAVE NEEDED**

1. Approximate date exigency began:

2. Probable duration of exigency:

3. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  
 Yes  No

If yes, please estimate the beginning and ending date for the period of absence:

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

If yes, estimate schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meetings, or leave event, including any travel time (i.e., one deployment-related meeting every month lasting four hours):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ weeks(s) \_\_\_\_\_ months(s)

Duration: \_\_\_\_\_ hours \_\_\_\_\_ days(s) per event

**PART C: THIRD PARTY INFORMATION (IF APPLICABLE)**

If leave is requested to meet with a third party, a complete and sufficient certification includes the name, address and appropriate contact information for the individual or entity with whom your are meeting. This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual:

Title of Individual:

Organization:

Address:

Telephone:

Fax:

Email:

Describe the nature of the meeting:

**PART D: EMPLOYEE SIGNATURE**

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

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

Date: \_\_\_\_\_