



**CERTIFICATION FOR MILITARY FAMILY LEAVE FOR QUALIFYING EXIGENCY**

Employee Name: \_\_\_\_\_

Employer Name: NEENAH JOINT SCHOOL DISTRICT

School: \_\_\_\_\_ Job Title: \_\_\_\_\_

**This certification must be completed by the employee and returned at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.**

**THIS IS FOR:**

**MILITARY FAMILY LEAVE FOR QUALIFYING EXIGENCY**

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

\_\_\_\_\_

Relationship of the military member. The military member is your:

- Spouse  Parent  Child, of any age

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 written 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
- Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
- 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

Describe the reason you are requesting Family Leave due to a qualifying exigency: (include the specific reason)

\_\_\_\_\_  
\_\_\_\_\_

Available written documentation supporting this request for leave is ( attached /  not attached /  not available).

**AMOUNT OF LEAVE NEEDED:**

**Provide information concerning the amount of leave that will be needed.** Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage.

Approximate date exigency started or will start: \_\_\_\_\_ (mm/dd/yyyy)

Provide your best estimate of how long the exigency lasted or will last:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes  No If so, estimate the beginning and ending dates:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Will you need to be absent from work periodically to address this qualifying exigency?  Yes  No If so, estimate the schedule of leave including the dates of any scheduled meetings or appointments.

Frequency:

From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur: \_\_\_\_\_ times per  
( day /  week /  month) and are likely to last approximately \_\_\_\_\_ ( hours /  days) per  
event.

**THIRD PARTY INFORMATION:**

If leave is requested to meet with a third party (such as to arrange for for childcare or parental care, to attend non-medical 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. This information may be used by your employer to verify that the information contained on this form is accurate.

Name and Title Individual or Entity / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Describe purpose of meeting: \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yyyy)