



Human Resources
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CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE

FOR COMPLETION BY THE EMPLOYEE

1. Employee Name: _____ 2. PLU ID#: _____
3. Servicemember Name: _____ 4. Relationship to Employee: _____
5. Period of servicemember's active duty: _____
6. 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 in support of a contingency operation. Please check one of the following:
- A copy of the covered servicemember's active duty orders is attached.
 - Other documentation from the military certifying that the covered servicemember 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 my employer with sufficient written documentation confirming the covered servicemember's active duty or call to active duty status in support of a contingency operation.

7. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

8. 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 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

9. Date exigency commenced: _____ 10. Probable duration of exigency: _____

11. 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 for the period of absence:

12. Will you need to be absent from work periodically to address this qualifying exigency? YES NO
 If so, estimate schedule of leave, including the dates and duration of any scheduled meetings, appointments, or leave events:

13. 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 servicemember'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, the 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. Additional pages may be attached if necessary.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Describe nature of meeting: _____

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Describe nature of meeting: _____

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

Signature of Employee

Date