Certification of Qualifying Exigency for Military Leave (FMLA)



INSTRUCTIONS TO THE EMPLOYEE:

Please complete this section fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a 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. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. You have 15 calendar days to return this form to us.

Yo	our Name:						
_	First	Middle	Last				
Na	me of covered military mem	ber on active duty or call to active duty st	atus in support of a contingency operation:				
_	First	Middle	Last				
Re	lationship of covered militar	y member to you:					
Pe	riod of military member's co	vered active duty:					
	ocumentation confirming a covered military member's active duty or call to active duty status in support of a contingency peration. Please check one of the following: 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 covered active duty) is attached.						
	☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's covered active duty or call to active duty status.						
Pa	rt A: QUALIFYING REAS	ONS FOR LEAVE:					
1.		re requesting FMLA leave due to a qualifyi	ng exigency (including the specific reason you are				
	, ,						

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440 East 100 South, Salt Lake City, Utah 84111 | www.slcschools.org | Phone: 801.578.8340 | Fax: 801.578.8598 No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United States Code, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Tina Hatch, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Deriver, CO, (303) 844-5695.

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes an 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 couns or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affair							
	Available writter	n documentation	n supporting this req	uest for leave is attach	ned:		
		☐ Yes	□ No	☐ None Avai	ilable		
Pa	art B: AMOUNT	OF LEAVE NEE	DED:				
1.	Approximate dat	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 so, estimate the beginning and ending dates for the period of absence:						
3.	Will you need to	be absent from	n work periodically to	o address this qualifyin	ng exigency? □ Yes □ No		
Estimate schedule of leave, including the dates of any scheduled meeting or appointments:							
	-	•	n of each appointme month lasting 4 hour		event, including any travel time (i.e., or	ne	
Fre	equency	_ times per	week(s)	month(s)			
Du	uration:	_hours c	lay(s) per event.				
Pa	art 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 or 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 e-mail 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.

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Certification of Serious Injury or Illness of Covered Service Memb	Salt Lake City School District	
Name of Individual:	Title:	
Organization:		
Address:		
Phone: (Fax: ()	
E-mail:		
Describe nature of meeting:		
Part D:		
I certify that the information I provided above is true and of	correct.	
Signature of Employee		Date

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