

Morrow County School District

Code: GCBDA/GDBDA-AR (3)(C)
Adopted: 8/10/09
Revised/Readopted: 6/12/17; 12/9/19 - RESCIND

Military Family Leave

(Certification of Qualifying Exigency for Military Family Leave)

Section 1: To be completed by the district

The Family Medical Leave Act (FMLA) provides that a district may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Employees may not be asked to provide more information than allowed under the FMLA regulations.

District Name and Address: _____

Superintendent or designee information: _____

Section 2: To be completed by the employee

Complete the information below fully and completely. The FMLA permits the district to require that you submit a timely, complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency. 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 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 FMLA leave. The district must give you at least 15 calendar days to return this form to the district.

Employee's Name: _____
First Middle Last

Name of covered military member on active duty or call to active duty status in support of a contingency operation: _____
First Middle Last

Relationship of covered military member to you: _____

Period of covered military member's active duty: _____

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 and attach the indicated document to support that the military member is on the covered active duty or called to covered active duty status:

- 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).
- I have previously provided the district with sufficient written documentation confirming the covered military member's active duty or call to active duty status.

Part A: Qualifying reason for leave

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

2. Describe the reason you are requesting OMFLA leave (include the specific reason below, either a) an impending call or order to active duty, or b) impending leave from deployment:

3. 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 information 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 counselor, school official or staff at a care facility, or a copy of a bill for services for the handling of legal or financial affairs. Is available written documentation supporting this request for leave attached? Yes No None available

Part B: Amount of leave needed

1. The approximate date the qualifying exigency or deployment commenced or will commence is: _____

_____ The probable duration of such exigency or deployment is: _____

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

_____ Yes 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):

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 _____

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. (For OMFLA leave purposes, notice must be given by the employee within five business days of receiving an official notice.)

Signature of Employee _____ Date _____