

**Certification for Military Family Leave for
Qualifying Exigency
under the Family and Medical Leave Act**

**U.S. Department of Labor
Wage and Hour Division**

**DO NOT SEND FORM TO THE DEPARTMENT OF LABOR.
RETURN THE COMPLETED FORM TO THE EMPLOYER.**

6

at least 15 calendar days

SECTION I - EMPLOYER

You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

First

Middle

Last

(mm/dd/yyyy)

(List date certification requested)

(mm/dd/yyyy)

(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Employee Name: _____

PART A: COVERED ACTIVE DUTY STATUS

Employee Name: _____

(e.g., admitting or transferring the parent to a new care facility):

(e.g., obtaining military identification cards)

i.e.

(e.g., arrival ceremonies, or reintegration briefings and events): _____

Available written documentation

PART C: AMOUNT OF LEAVE NEEDED

Provide information concerning the amount of leave that will be needed.

unknown *“indeterminate”*

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

reduced schedule

best estimate

(mm/dd/yyyy)

(mm/dd/yyyy)

Employee Name: _____

