

**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) and the Oregon Military Family Leave Act (OMFLA) provide that a district may require an employee seeking FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment to submit a certification. Employees may not be asked to provide more information than allowed under the FMLA or OMFLA regulations.

District: \_\_\_\_\_

[Superintendent or designee] information: \_\_\_\_\_

**Section 2: To be completed by the employee:**

Complete the information below fully and completely. The FMLA or OMFLA permits the district to require that you submit a timely, complete and sufficient certification to support a request for FMLA or OMFLA leave due to a qualifying exigency or due to notification of impending call to active duty or deployment. 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 or OMFLA 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 qualifying 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:

- 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) in support of a contingency operation is attached.
- I have previously provided the district with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

**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):

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2. Describe the reason you are requesting OMFLA (include specific reason below):

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3. A complete and sufficient certification to support a request for **qualifying** 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 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

**Part B: Amount of leave needed**

1. Approximate date exigency/deployment commenced or will commence \_\_\_\_\_  
Probably duration of exigency \_\_\_\_\_

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency/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/deployment?  Yes  No  
If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

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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) (FMLA only):

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 nature of meeting \_\_\_\_\_

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

**Part D: Employee Signature**

I certify that the information I provided above is true and correct. For OMFLA purposes notice must be given by the employee within five business days of receiving official notice.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date