

**FAMILY AND MEDICAL LEAVE ACT (FMLA)  
CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE**

College /Unit

**INSTRUCTIONS TO EMPLOYEE**

The FMLA permits CUNY to require that you submit a timely, complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Questions below seek a response as to the frequency or duration of the 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 the benefit of FMLA-protected leave. Failure to provide a complete and sufficient certification may result in denial of your FMLA leave request.

Attach the CERTIFICATION OF FAMILY RELATIONSHIP FORM and any other supporting documents, as necessary.

**CUNY gives you at least 15 calendar days to return this form.**

This form must be returned by

**Section 1: TO BE COMPLETED BY EMPLOYEE**

Name of Employee

Empl. ID

Department

Contract Title

Tel.:

Name of military member on covered active duty or call to covered active duty status

Relationship of military member to you (*Certification of Family Relationship Form or other legal documents attached*)

Period of military member's covered active duty

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status.

Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status.

- A copy of the military member's covered active duty orders is attached
- Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.
- I have previously provided sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.

**PART A: QUALIFYING REASON FOR LEAVE**

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

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 the military member's Rest and Recuperation Leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill of services for the handling of legal or financial affairs.

- Yes, attached
- No, not attached
- None available

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**PART B: AMOUNT OF LEAVE NEEDED**

Approximate date exigency commenced  Probable duration of exigency

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  Yes  No

If yes, estimate the beginning and ending dates for the period of absence: From Date  To Date

Will you need to be absent from work periodically to address the qualifying exigency?  Yes  No

If yes, estimate schedule of leave, including dates of any scheduled meetings or appointments From Date  To Date

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (e.g., one deployment-related meeting every month lasting 4 hours)

**Frequency** No. of times per week  No. of times per month

**Duration** No. of hours  No. of day(s) per event

**PART 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, 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). CUNY may use this to verify that the information submitted on this form is accurate.

Name of Individual  Title

Organization

Address

City  State  Zip Code

Telephone  FAX  Email

Describe the nature of the meeting:

**PART D: CERTIFICATION BY EMPLOYEE**

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

Print Name

Signature \_\_\_\_\_ Date \_\_\_\_\_