

**Certification for Military Family Leave
for Qualifying Exigency**

**STATE OF MAINE
All Executive Branch Employees**

SECTION I – EMPLOYER

Employee Name	Employee ID (e.g. TAMS ID)	Department
HR Representative Name	HR Representative Phone	HR Representative Fax
HR Representative Email		
Date Certification Provided to Employee		Certification Due Date

SECTION II – FOR COMPLETION BY THE EMPLOYEE

INSTRUCTIONS: Please complete all Parts of Section II and sign the form before returning it to your HR Representative. The FMLA allows 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. Failure to provide a complete and sufficient certification may result in a denial of your FMLA leave request. 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. **You are responsible for making sure the certification is returned within the time frame requested, which must be at least 15 calendar days.** All questions may be directed to your HR Representative.

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: 10 USC §§ 688, 12301(a), 12302, 12304, 12305, 12406; or Chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active-duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active-duty status, and the dates of the military member's covered active-duty service. **This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.**

PART A: EMPLOYEE INFORMATION

Name of Family Member on Active Duty
Relationship to the Employee
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Child (Any Age)

PART B: COVERED ACTIVE-DUTY STATUS

Dates of Military Members Covered Active-Duty Service

PART B: COVERED ACTIVE-DUTY STATUS (CONTINUED)

Please check one of the following and attach the indicated written 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.
- Other documentation from the military indicating that the military member is on covered active-duty or has been notified of an impending call to covered active-duty, such as official military correspondence from the military member's chain of command.
- I have previously provided my employer with sufficient written documentation confirming the military member's covered active-duty or call to covered active-duty status.

PART C: APPROPRIATE FACTS

Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:

- Short notice deployment (deployment within seven or fewer days of notice).
- Military events and related activities (official ceremonies or events, or family support and assistance programs):

- Childcare related activities for the child of the military member (arranging for alternative childcare):

- Care for the military member's parent (admitting or transferring the parent to a new care facility):

- Financial and legal arrangements related to the deployment (obtaining military identification cards)
- Counseling related to the deployment (counseling provided by someone other than a health care provider)
- Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- Post deployment activities (e.g., arrival ceremonies, or reintegration briefings and events):

- Any other event that the employee and employer agree is a qualifying exigency:

PART D: AMOUNT OF LEAVE NEEDED

Start Date or Anticipate Start Date of Exigency	Anticipated End Date of Exigency
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Time Off (Select One)

Continuous Leave. I will need to be absent from work for a continuous period of time. Provide your **best estimate** of the beginning and ending dates for the period of absence:

From: _____ To: _____

Reduced Schedule. I need to work a reduced schedule. Provide your **best estimate** of the reduced schedule you are able to work:

From: _____ To: _____

I am able to work: _____
(e.g., 5 hours/day, up to 25 hours a week)

Intermittent Leave. Due to a qualifying exigency, I will need to be absent from work periodically. Provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next 6 months, absences on an **intermittent basis** are estimated to occur:

_____ Day / Week / Month and are likely to last approximately
_____ hours / days per episode.

R&R Leave. My leave is due to a qualifying exigency that involves Rest and Recuperation leave (R& R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave). List the Dates of the military member's R&R leave:

From: _____ To: _____

PART E: THIRD PARTY INFORMATION

If applicable, please provide information below that may be used by your HR Representative to verify meetings or appointments with a third party related to the qualifying exigency.

Individual (e.g. name and title) or Entity / Organization	Business Address	
Phone	Fax	Email

Describe purpose of this meeting: _____

PART F: EMPLOYEE SIGNATURE

Signature of Employee

Date

Printed Name