WASHINGTON STATE UNIVERSITY

MILITARY FAMILY LEAVE
CERTIFICATION OF QUALIFYING EXIGENCY

To apply for this leave, please complete this form fully and completely. The Family Medical Leave Act (FML) permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FML 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 “unknown,” or “indeterminate” may not be sufficient to determine FML 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.

A | EMPLOYEE INFORMATION (please print)

Name (Last, First, MI) | Personal Email | WSU ID #
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Home Mailing Address (Street/PO Box, City, State, Zip Code) | Personal Phone
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B | MILITARY MEMBER INFORMATION (must be on active duty or called to active duty status)

Name (Last, First, MI) | Relationship of covered military member to employee:
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Period of covered military member’s active duty. From _____/_____/____ Through _____/_____/____

C | SUPPORTING DOCUMENTATION

A complete and sufficient certification to support a request for FML 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 my employer with sufficient written documentation confirming the covered military member’s active duty or call to active duty status in support of a contingency operation.

D | QUALIFYING REASON FOR LEAVE

A complete and sufficient certification to support a request for FML 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 an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Please attach available written documentation supporting this request if available.

Describe the specific reason you are requesting FML due to a qualifying exigency:

Revised 08/2023
Employee Name (Last, First, MI)

E  DURATION OF LEAVE

☐ I am requesting full-time leave from _____/_____/______ through _____/_____/______.

☐ I am requesting to reduce my work schedule from # _____ hours to #_____ hours per day/week (circle one)
  beginning _____/_____/_____ through _____/_____/_____.

☐ I am requesting an intermittent work schedule from _____/_____/_____ through _____/_____/______ or other schedule as described below (describe):

F  THIRD PARTY COORDINATION

If FML 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 Washington State University to verify that the information contained on this form is accurate.

Is leave requested for the purpose of meeting with a third party?  ☐ Yes  ☐ No

If No, please skip to Section G.
If Yes, please complete the below information.

Name of Individual  Title

Organization

Organization Street Address  City, State, Zip

Telephone  Fax  Email (if applicable)

Describe nature of meeting

G  EMPLOYEE SIGNATURE

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

Employee Signature  Date

Revised 08/2023