

WASHINGTON STATE UNIVERSITY

MILITARY FAMILY LEAVE

CERTIFICATION OF QUALIFYING EXIGENCY

Please return form to: Human Resource Services (HRS)
Electronic (scan or photo): HRS.Disabilityservices@wsu.edu
OR Fax: 509-241-9090
Office Location: 139 French Administration Bldg.
OR Mailing address: PO Box 641014, Pullman, WA 99163
Questions? Call HRS at: 509-335-4521

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 #
Home Mailing Address (Street/PO Box, City, State, Zip Code)		Personal Phone

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:
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:

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
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