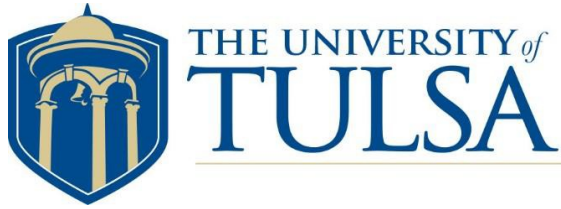


Printed Name of Employee: _____



Accessibility @ TU

800 South Tucker Drive ▪ McClure Hall,
Room 104 ▪ Tulsa, Oklahoma 74104
ph: (918) 631-2334 / f: (918) 631-3459 ▪ E-mail:
access@utulsa.edu accessibility.utulsa.edu

Certification for Military Family Leave for Qualifying Exigency under FMLA (Family and Medical Leave Act)



Do not send completed form to the Department of Labor; Return to the ADA/504 Coordinator at TU.

OMB Control Number: 1235-0003 Expires: 6/30/2023

Section 1: Instructions to the Employee

Please complete Section I before giving this to the TU ADA/504 Coordinator. The FMLA permits 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 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. Please submit this form within 15 calendar days of receiving it.

Your Name: _____
First Middle Last

Title: _____ **Department:** _____

Phone: _____ **Date Certification Requested:** _____

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

First Middle Last

Select your relationship to the military member. The military member is your:

Spouse Parent Child, of any age

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms “child” and “parent” include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Signature: _____ **Date:** _____

Part A: Covered Active Duty Status

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty

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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, 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.

Provide the dates of the military member's covered active duty service: _____

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 B: Appropriate Facts

Under the FMLA, leave can be taken for a number of qualifying exigencies. Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

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

___ **Short notice deployment** (*i.e., deployment within seven or fewer days of notice*)

___ **Military events** and related activities (*e.g., official ceremonies or events, or family support and assistance programs*). Please specify: _____

___ **Childcare** related activities for the child of the military member (*e.g., arranging for alternative childcare*). Please specify: _____

___ **Care for the military member's parent** (*e.g., admitting or transferring the parent to a new care facility*). Please specify: _____

___ **Financial and legal arrangements** related to the deployment (*e.g., obtaining military identification cards*)

___ **Counseling** related to the deployment (*i.e., 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

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Is limited to 15 calendar days for each instance of R&R)

___ **Post deployment activities** (e.g., arrival ceremonies, or reintegration briefings and events). Please specify: _____

___ Any other event that the employee and employer agree is a **qualifying exigency**. Please specify: _____

Available written documentation supporting this request for leave is:

___ attached / ___ not attached/ ___ not available).

Part C: Third Party Information

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care; to attend non-medical 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.

Individual (e.g., name and title) or Entity / Organization: _____

Address: _____

Phone: (____) _____ **Fax:** (____) _____ **E-mail:** _____

Please attach a business card.

Describe purpose of meeting: _____

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