



CERTIFICATION OF QUALIFYING EXIGENCY MILITARY LEAVE

The Family and Medical Leave Act (FMLA) provides that eligible employees make take FMLA leave to care for a covered veteran with a serious illness or injury. The FMLA allows The City of Salem to require an employee seeking FMLA leave for this purpose to submit a medical certification. 29 U.S.C. §§ 2613, 2614(c)(3). The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient certification, their FMLA leave request may be denied. 29 C.F.R § 825.313.

Section 1: Either the employee or The City of Salem may complete.

In lieu of this form, The City of Salem **must** accept as sufficient certification of the veteran’s serious injury or illness documentation indicating the veteran’s enrollment in the Department of Affairs Program of Comprehensive Assistance for Family Caregivers. **The City of Salem may not ask an employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.310.**

Part A: General Information

Employee Full Name:

Date:

Due Date: (add 15 calendar day to date)

Section 2: Employee and/or Veteran to complete.

Please fully complete section 2 before returning it to the City of Salem. The FMLA allows an The City of Salem to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA due to a serious injury or illness of a covered veteran. If requested by The City of Salem, the employee is required to obtain or retain the benefit of FMLA-protected leave. The City of Salem must give an employee at least 15 calendar days to return this form to The City of Salem. 29 U.S.C §§ 2613, 2614(c)(3).

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

Select employee’s relationship to the military member:

Part A: Covered Active Duty Status

Covered active duty or call to coved 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: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any

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other provision of law during a nation 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 the 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.

Date of military member's covered active duty service: From _____ through _____

Veteran's military branch, rank, and unit at time of discharge:

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
- Sufficient documentation confirming the military member's covered active duty or call to covered active duty status has previously been provided

Part B: Appropriate Facts

Under the FMLA, leave can be taken for a number for qualifying exigencies. 29 C.F.R. § 825.126(b). 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 document confirming as 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' notice)
- Military events and related activities (e.g., official ceremonies or events, or family support and assistance programs):
- Childcare related activities for the child of the military member (e.g., arranging for alternative childcare):
- Care for the military member's parent (e.g., admitting or transferring the parent to a new care facility):

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- 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 is limited to 15 calendar days for each R&R instance)
- 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:

Available written documentation supporting this request for leave is (attached / not attached / not available).

Part C: Amount of Leave Needed

Answers should be best estimates based on medical knowledge, experience, and examination of the patient. Be as specific as possible; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage.

List the approximate date exigency started or will start

Provide the best estimate of how long the exigency lasted or will last: From _____ to _____

Due to a qualifying exigency, 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 _____ hours per day up to _____ hours a week.

Due to a qualifying exigency, 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 _____

Due to a qualifying exigency, I will need to be absent from work on an **intermittent basis** (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 six (6) months, absences on an intermittent basis are estimated to occur: _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

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 R&R leave instance).

List the dates of the military member's R&R leave: from _____ to _____



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Part D: Third Party Information

If applicable, please provide information below that may be used by The City of Salem to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meeting 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 purposed of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations. This information may be used by your employer to verify that the information contained on this form is accurate.

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

Address:

Telephone and Email:

Describe purpose of the meeting:

Employee Signature _____