



MONTOUR

SCHOOL DISTRICT

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

SECTION I: For Completion by the EMPLOYER (M)

Board contact: Susan Sinicki, Human Resources
412-490-6500 x6235
412-722-1473 (fax)

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS FOR EMPLOYEE: Please complete Section II fully and completely. 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. 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 FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. §§ 825.310. You must be given at least 15 calendar days to return this form. 29 C.F.R. §§ 825.305(b).

Your name: _____
First Middle Last

Your job title: _____ Regular work schedule: _____

Your work location: _____

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

First Middle Last

Relationship of family member to you: _____

Period of military member's covered active duty: _____

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 check one of the following and attach the indicated 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 is attached.

_____ Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.

_____ I have previously provided the Board with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.



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PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

2. A complete and sufficient certification to support a request for FMLA leave 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 the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes No None available

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____

Probable duration of exigency: _____

2. Will you need to be absent from work for a single continuous period of time due to a qualifying exigency? Yes No

If so, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address the qualifying exigency?
 Yes No

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

Estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (example: 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per event.



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PART C:

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to 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), 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 the Board to verify that the information contained in this form is accurate.

Name of individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: (____) _____ Fax: _____

Email: _____

Describe the nature of meeting: _____

PART D:

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

Signature of Employee _____ Date _____

FAX to 412-722-1473