



**Part A: Qualifying reason for leave**

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

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2. Describe the reason you are requesting OMFLA (include specific reason below):

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3. A complete and sufficient certification to support request for qualifying 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 an appointment with a counselor or school official, 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/deployment commenced or will commence \_\_\_\_\_  
Probably duration of exigency \_\_\_\_\_

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

If yes, estimate the beginning and ending dates for the period of absence \_\_\_\_\_

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

If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments:

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4. Estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (i.e. One deployment-related meeting every month lasting four hours) (FMLA only):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours or \_\_\_\_\_ day(s) per event

**Part C: Third party certification**

If leave 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 the ESD to verify that the information contained on this form is accurate. (FMLA only)

Name of individual \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Describe nature of meeting \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part D: Employee Signature**

I certify that the information I provided above is true and correct. For OMFLA purposes notice must be given by the employee within five business days of receiving official notice.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date