



**Military Family Leave Request- Qualifying Exigency
(Family and Medical Leave Act-
For Academic Personnel Use Only)**

To employee - complete the following information on every page:	
Employee name:	
Employee EID:	
Department:	
Employee phone:	Employee email:

To Employee: Complete and return this form as soon as possible, but no later than 15 calendar days from the start of your leave. Completed forms should be submitted directly to Academic HR and not to your college, school, or department. Contact Academic Human Resources if you believe that you will not be able to return the completed form within the specified time period.

Military Member Information

Name of military member on active duty or called to active duty status	Period of member's active duty From (date) _____ to (date) _____
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Military member's relationship to you
 Parent Child Spouse Domestic Partner Brother/Sister Grandchild Grandparent
 Is this a "step" relationship (e.g. stepparent, step brother, etc)? No Yes

Certification to support a request for FMLA leave due to a qualifying exigency must include written documentation confirming a military member's active duty or call to active duty status. Please check *one* of the following:

A copy of the military member's active duty orders is attached.

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

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

Qualifying Reason for Leave

Describe the situation ("qualifying exigency") that makes it necessary for you to request leave

Certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave. The documentation may include such documents as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, a document confirming the military member's a copy of a bill for services for the handling of legal or financial affairs, or other similar documentation. Available written documentation supporting this request for leave is attached.

Yes No None Available



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To employee - complete the following information on every page: Employee name: Employee EID: Department: Employee phone: Employee email:

If you are requesting leave to meet with a third party, please provide the information requested below. If you are meeting with multiple persons/entities, please copy this form and complete this section for each person/entity with whom you meet. (Examples of qualifying meetings include those to: arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, act as the military member's representative before a federal, state, or local agency to obtain, arrange for, or appeal denial of military service benefits, or to attend any event sponsored by the military or military service organizations.)

Name of individual Telephone Fax Email

Position title Organization Address

Describe nature of meeting

Amount of Leave Needed

The situation that requires me to take leave began on approximately (date) Probable duration of situation From (date) to (date)

Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? Will you need to be absent from work intermittently to address this situation?

Will you need to be absent from work intermittently to address this situation? If yes, 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 (i.e., one deployment-related meeting every month lasting 4 hours or more) Frequency: Duration:

Signature

Employee Signature Date

Return to: Academic Human Resources Box 351270 Seattle, WA 98195-1270 Email: apleaves@uw.edu Fax (206) 221.4622 AHR USE ONLY FMLA Eligible: Total Days Requested Reviewed by (initials) Date: