

**Certification for Military Family Leave for  
Qualifying Exigency  
under the Family and Medical Leave Act**

**U.S. Department of Labor  
Wage and Hour Division**

**DO NOT SEND FORM TO THE DEPARTMENT OF LABOR.  
RETURN THE COMPLETED FORM TO THE EMPLOYER.**

6

at least 15 calendar days

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**SECTION I - EMPLOYER**

**You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.**

*First*

*Middle*

*Last*

*(mm/dd/yyyy)*

*(List date certification requested)*

*(mm/dd/yyyy)*

*(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)*

**SECTION II - EMPLOYEE**

Employee Name: \_\_\_\_\_

**PART A: COVERED ACTIVE DUTY STATUS**

Employee Name: \_\_\_\_\_

(e.g., admitting or transferring the parent to a new care facility):

(e.g., obtaining military identification cards)

i.e.

(e.g., arrival ceremonies, or reintegration briefings and events): \_\_\_\_\_

Available written documentation

**PART C: AMOUNT OF LEAVE NEEDED**

**Provide information concerning the amount of leave that will be needed.**

*unknown*    *“indeterminate”*

(mm/dd/yyyy)

(mm/dd/yyyy)

(mm/dd/yyyy)

**reduced schedule**

**best estimate**

(mm/dd/yyyy)

(mm/dd/yyyy)

**Employee Name:** \_\_\_\_\_

