FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071

Section 1 – Instructions for EMPLOYEE

NOTE: Remember to complete and submit an **HR-BEN-028: Family and Medical Leave Act Application Form** to Agency HR or FMLA Coordinator.

Please complete Section 2 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. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

If you have any questions, please contact MTA Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org.

Section 2 - Employee Information

Print Name	Last		First		M.I. Suffix	BSC ID / Agency ID
Agency/Dept. (check one)	☐ BSC	☐ B&T	☐ CC	☐ HQ	☐ Police	Department
	☐ SIR	☐ LIRR	☐ MNR	☐ MTA Bus	☐ NYCT	Job Title:
					☐ MaBSTOA	Regular Work Schedule:
Street Address						
City					State	Zip Code
Phone (H)		Phone (W)				Email

Name of covered military member on active duty or call to active duty status in support of a contingency operation.

Last First M.I. Suffix

Relationship of family member to you: ☐ Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin

Period of covered service member's active duty

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following.

☐	A copy of the covered military member's active duty orders is attached.
☐	Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
☐	I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call of active duty status in support of a contingency operation.

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 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

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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 the qualifying exigency? ☐ No ☐ Yes

   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 this qualifying exigency? ☐ No ☐ 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., 1 deployment-related meeting every month lasting 4 hours):

   Frequency: _____times per ____week(s) _month(s)

   Duration: ____hours ____day(s) per event.

PART C:

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 your employer to verify that the information contained on this form is accurate.

Name of Individual: _____Title: _____

Organization: _____

Address: _____

Telephone: _____Fax: _____

Email:_____

Describe nature of meeting:

Section 5 – Employee Signature	
I understand that fraudulently requesting, obtaining and/ or misusing this leave will be cause for disciplinary action, up to and including dismissal from employment.	
Signature	Date

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Section 6 – Agency Contact	
This Certification form must be sent to your specific Agency representative. Below is a list of all of the Agency contacts. Please check the appropriate box next to your own Agency's contact.	
Please select only one box next to the appropriate Agency.	**Agency Name, Address, and Contact Information**
☐	**MTA & MTA Capital Construction** MTA Medical Department Occupational Health Services 420 Lexington Avenue, Suite 2201 New York, NY 10017 Attn: Nurse Manager
☐	**SIR** Human Resources Department 60 Bay St. Staten Island, NY 10301
☐	**LIRR** Human Resources Department 93-02 Sutphin Boulevard Jamaica, NY 11435
☐	**Metro-North Railroad** Administrator of Health Services MTA Metro-North Railroad Occupational Health Services Department 420 Lexington Avenue, 22nd Floor New York, NY 10017
☐	**NYCT / MaBSTOA / MTA Bus** Occupational Health Services 180 Livingston St. Brooklyn, NY 11201