Benefit Services MSC 3HRS New Mexico State University PO Box 30001

Las Cruces, NM 88003-8001 Phone: (575) 646-8000

Phone: (575) 646-8000 Fax: (575) 646-2806

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

Please complete Section II before having Section III completed. Please have your health care provider complete all applicable information requested under Section III Parts A, B, and C. NMSU employees have 15 calendar days from the date the preliminary designation is issued to the employee to return this certification form to Benefit Services. Failure to do so may result in a denial of an employee's FMLA request and the related absences may not be FMLA-protected.

	SECTION I - EMPLOYER	
NMSU Contact: NMSU Benefit Service	nmsu Contact #: 575-646-80	00 NMSU Fax #: 575-646-2806
Employee name:	Middle	
		Last
The certification must be returned by	Certification forms can be faxed	(mm/dd/yyyy)
		ome/Cell phone:
Employee's job title:		Job description (is/ is not) attached.
Employee's regular work schedule:		
	SECTION II - EMPLOYEE	
to require that you submit a timely, comqualifying exigency. If requested by your FMLA. 29 C.F.R. § 825.309. Failure to pleave request. A complete and sufficient includes written documentation confirmi	inplete, and sufficient certification to so it employer, your response is required to provide a complete and sufficient certification to support a request for ing a military member's covered active the certification is provided to your en	r employer. The FMLA allows an employer upport a request for FMLA leave due to a composition of the cation may result in a denial of your FMLA FMLA leave due to a qualifying exigency eduty or call to covered active duty status. Inployer within the time frame requested.
Provide the name of the military member	r on covered active duty or call to cove	ered active duty status:
First Select your relationship of the military m	Middle nember. The military member is your:	Last
☐ Spouse ☐ Parent	☐ Child, of any age	

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave for a qualifying exigency related a military member who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave for a qualifying exigency related a military member for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name:
PART A: COVERED ACTIVE DUTY STATUS
Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).
An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.
Provide the dates of the military member's covered active duty service:
Please check one of the following and attach the indicated written 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
Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
☐ I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status
PART B: APPROPRIATE FACTS
Under the FMLA, leave can be taken for a number of qualifying exigencies. 29 C.F.R. § 825.126(b). Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.
Select the appropriate Qualifying Exigency Category and, if needed, provide additional information related to the events
☐ Short notice deployment (i.e., deployment within seven or fewer days of notice)
☐ Military events and related activities (e.g., official ceremonies or events, or family support and assistance programs):
☐ Childcare related activities for the child of the military member (e.g., arranging for alternative childcare):

Employee	Name:			
	Care for the military member's parent (e.g., admitting or transferring the parent to a new care	facility):		
	Financial and legal arrangements related to the deployment (e.g., obtaining military identification)	ation cards)		
	Counseling related to the deployment (i.e., counseling provided by someone other than a health	care provider)		
	Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)			
	Post deployment activities (e.g., arrival ceremonies, or reintegration briefings and events):			
	Any other event that the employee and employer agree is a qualifying exigency:			
	written documentation supporting this request for leave is (□ attached / □ not attached / AMOUNT OF LEAVE NEEDED	not available).		
response as	Information concerning the amount of leave that will be needed. Several questions is to the frequency or duration of the qualifying exigency leave needed. Be as specific as you're "indeterminate" may not be sufficient to determine FMLA coverage.			
List the app	proximate date exigency started or will start:	(mm/dd/yyyy)		
Provide yo	ur best estimate of how long the exigency lasted or will last:			
From	(mm/dd/yyyy) to	(mm/dd/yyyy)		
Due to a qu	nalifying exigency, I need to work a reduced schedule . Provide your best estimate of the r	educed schedule you		
are able to	work:			
From	(mm/dd/yyyy) to	(mm/dd/yyyy) I am		
able to wor	k			
	(e.g., 5 hours/day, up to 25 hours a week)			
•	nalifying exigency, I will need to be absent from work for a continuous period of time. Pro	vide your		
best estim	ate of the beginning and ending dates for the period of absence:			
From	(mm/dd/yyyy) to	(mm/dd/yyyy)		
Due to a qu	ualifying exigency, I will need to be absent from work on an intermittent basis (periodical	y).		
Provide yo event, inclu	ur best estimate of the frequency (how often) and duration (how long) of each appointment uding any travel time.	t, meeting, or leave		
Over the ne	ext 6 months, absences on an intermittent basis are estimated to occur:	times per		
(day /	week / month) and are likely to last approximately (hours /	days) per episode.		

Employee Name:		
My leave is due to a qualifying exigency that in	nvolves Rest and Recuperation le	eave (R & R) of the military member
(leave for this reason is limited to 15 calendar of	lays for each instance of R & R le	eave).
List the dates of the military member's R &R le	eave:	
From	_ (mm/dd/yyyy) to	(mm/dd/yyyy)
PART D: THIRD PARTY INFORMATION		
If applicable, please provide information below a third party related to the qualifying exigency. parental care, to attend non-medical counselin make financial or legal arrangements, to act as for purposes of obtaining, arranging or appealir or military service organizations. This informat on this form is accurate.	Examples of meetings with third g, to attend meetings with school the military member's representat ng military service benefits, or to a	parties include: arranging for childcare or il, childcare or parental care providers, to tive before a federal, state, or local agency attend any event sponsored by the military
Individual (e.g., name and title) or Entity / Organiz	cation:	
Address:		
Telephone: () Fax: (_) E-mail:	
Describe purpose of meeting:		
Employee Signature		Date (mm/dd/yyyy)

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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