

**COUNTY OF SONOMA, COUNTY AGENCIES AND SPECIAL DISTRICTS
CERTIFICATION OF QUALIFYING EXIGENCY
FOR MILITARY FMLA LEAVE**

Please use this form for certification for a Leave of Absence for a qualifying exigency. This form meets requirements of the California Family Rights Act (CFRA) and the federal Family Medical Leave Act (FMLA).

Instructions: The employee should complete Section I. Your assistance in providing a complete form and required certification will help expedite approval of your leave request. Without complete and sufficient certification, your request may be delayed or even denied. Please return the completed form within 20 calendar days, unless it is not practicable to do so despite your diligent good faith efforts.

SECTION I – TO BE COMPLETED BY EMPLOYEE

1. Employee's name: _____
2. Covered military member's Name: _____
3. Relationship to employee: _____
4. Period of covered military member's active duty: _____
5. Supporting documentation required. Please provide 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 to active duty status in support of contingency operations.

Describe the specific reason you are requesting leave due to a qualifying exigency.

6. Approximate date exigency commenced or will commence: _____/_____/_____
7. Probable duration of exigency: _____
8. Type of leave requested: Continuous Intermittent

Estimate the beginning and ending dates or schedule of leave for the period of absence, including any scheduled meetings or appointments:

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per event.

9. If leave is requested to meet with a third party (such as to arrange childcare, attend counseling, attend meetings with school or childcare providers, to make financial or legal arrangements, etc.), please provide the following required information:

Name of third party: _____ Title of third party: _____

Organization Name: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

Describe nature of meeting(s):

10. I certify that the information I have provided above is true and correct.

Signature of Employee: _____ Date: ____/____/____

FOR PAYROLL/HUMAN RESOURCES USE ONLY

Verified by Human Resources/Payroll: _____ Date: ____/____/____
Name

**DEPARTMENT WORKSHEET AND INSTRUCTIONS
CERTIFICATION OF QUALIFYING EXIGENCY
FOR MILITARY FMLA LEAVE**

The Family and Medical Leave Act (FMLA) allows the County of Sonoma to require an employee seeking FMLA protections due to a qualifying exigency to submit a certification.

You may not ask the employee to provide more information than allowed under the FMLA regulations.

Employers must generally maintain records and documents relating to medical certifications, re-certifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files. Employers are required to comply with applicable law regarding the confidentiality of medical information requested.

Provide the Certification of Qualifying Exigency form to the employee for completion, which should be returned within 20 days.

Employee Name _____ Department _____

Employee Job Title _____ Employee Work Location _____

Employee Regular Work Schedule: _____

Date Certification Provided to Employee : ____/____/____

Date Certification Returned by Employee: ____/____/____

Supervisor Name _____ Supervisor Title: _____

Supervisor Phone: _____