FLORIDA STATE COLLEGE AT JACKSONVILLE

Certification of Qualifying Exigency for Military Family Leave (Family and Medical Leave Act)

SECTION I						
Employer name:	Florida State College at Jacksonville					
Employer contact:	Benefits	s Office				
Telephone:	(904) 63	32-3018		Confidential Fax: (904) 632-3329		
SECTION II: For Co INSTRUCTIONS to a questions in this sectio specific as you can; ter FMLA coverage. Your	the EMPI n seek a re ms such a response	LOYEE: Please esponse as to the sunknown," of is required to o	e complete Sec e frequency or or "indetermina	duration of the te" may not be	qualifying exigency sufficient to determi	. Be as ne
Employee Name:	First	Middle	Last	E	MPLID:	
Name of covered milit operation: First Relationship of covere Please Note: Proof of relationship of covered milit	d military onship may	Middle member to you be required.	: Spouse	Last Parent	Child	gency
A complete and suffici includes written docun status in support of a c A copy of the cove	nentation on ontingenc	confirming a co y operation. Ple	vered military case check one	member's activ of the following	e duty or call to activ	
					member is on active ontingency operation	
					tation confirming the port of a contingency	

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
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?NoYes
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?NoYes 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 perweek(s)month(s)
Duration: hours day(s) per event

PART C:

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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: ()	
Email:	
Describe nature of meeting:	
PART D: I certify that the information I provided above is true a	and correct.
Signature of Employee	Date

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