

[University of Washington (not for HMC or UWMC staff)] Certification of Qualifying Exigency for Military Family Leave Human Resources	To Employee - Complete the following information on every page		
	Employee Name:		
	Department:		
	Employee Phone:		
			Employee Email:

If you are requesting leave to meet with a third party, please provide the information requested below. If you are meeting with multiple persons/entities, please copy this form and complete this section for each person/entity with whom you meet. (Examples of qualifying meetings include those to: arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, act as the covered military member's representative before a federal, state, or local agency to obtain, arrange for, or appeal denial of military service benefits, or to attend any event sponsored by the military or military service organizations.)

Name of individual	Telephone	Fax	Email
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Position title	Organization	Address
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Describe nature of meeting

Amount of Leave Needed

The situation that requires me to take leave began on approximately (date)	Probable duration of situation From (date) _____ to (date) _____
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Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? No Yes
 If yes, estimate the beginning and ending dates for the period of absence: from (date) _____ to (date) _____

Will you need to be absent from work intermittently to address this situation? No Yes
 If 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., one deployment-related meeting every month lasting 4 hours)

Frequency: _____ times per _____ week(s) -or- _____ month(s)
Duration: _____ hours or _____ day(s) per event

Signature

Employee Signature _____ Date _____