



**NEW YORK CITY HEALTH + HOSPITALS  
Certification of Qualifying Exigency  
For Military Family Leave  
Family and Medical Leave Act (FMLA)**

The Family and Medical Leave Act (FMLA) provides that an employee seeking FMLA Military Family Leave due to a qualifying exigency submit a certification.

**SECTION I: For Completion by NYC H+H Representative**

Employee’s Name: \_\_\_\_\_

Employee’s Title: \_\_\_\_\_ Hospital or Central Office \_\_\_\_\_

Work Location \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee’s essential job functions: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II fully and completely to support your 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 FMLA leave. Return this form within 15 calendar days of its receipt.

**Your Name:**

\_\_\_\_\_  
First Middle Last

**Name of covered military member in any branch of the armed forces on active duty, or call to active duty in a foreign country:**

\_\_\_\_\_  
First Middle Last

**Relationship of covered military member to you:**

\_\_\_\_\_

**Period of covered military 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 in a foreign country. 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 a foreign country is attached.

I have previously provided NYC H+H with sufficient written documentation confirming the covered military member's active duty or call to active duty in a foreign country.

**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):

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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.

No  Yes  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?  
 No  Yes.

If so, estimate the beginning and ending dates for the period of absence:

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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:

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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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART D:**

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

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**