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Employee Name _____

Personnel Number _____

6. Will you need to be absent from work periodically to address this qualifying exigency? Yes No
If yes, estimate the schedule of leave, including the dates of any scheduled meetings or appointments.

If yes, estimate the frequency and duration of each appointment, meeting or leave event, including any travel time (example: deployment-related meeting every month lasting 4 hours).

Frequency: Number of times per week or month: _____ week or month

Duration: Number of hours or days per episode: _____ hours or days

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 (example: either the telephone number 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

Address

Telephone Number

E-Mail Address

Fax Number

Describe Nature of Meeting