



Family Medical Leave Act Request for Military Exigency Absence

EMPLOYEE INFORMATION:		
Employee Name	Personnel Number	Home Telephone Number (optional)
Agency	Work Location	
Supervisor Name	Timekeeper Name (e) (e)-27.2 () 0.8 () 0 653.28 3	

r approval within five business days.

1 This request is for absence due to military exigency for the below family member who is a member of the Guard or Reserves deployed to a foreign country or in support of a contingency operation or a member of a regular branch of the Armed Forces deployed to a foreign country.

Name of Family Member	Relationship

2 Is this your first request for this Military Exigency Absence event? Yes No

3 I anticipate being absent from work during the following time period due to this event:

<p>Full-Time Absence From Date</p>	<p>Intermittent or Reduced-Time Absence</p>
TO	