

Frequency _____ times per _____ week(s) _____ month(s) _____

Duration _____ hours _____ day(s) per event _____

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 organization*), 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 (Last, First) _____

Title _____

Organization _____

Email _____

Address (Street, City, State, Zip) _____

Phone (Area Code) _____

Fax (Area Code) _____

Describe nature of meeting _____

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

Employee Signature _____ **Date** ____/____/____**Fax or mail completed form to:**UNH Human Resources
2 Leavitt Lane
Durham, NH 03824
Fax# 603-862-5159