

## Military Family Exigency Leave Certification - Form D

IO BE COMPLETED BY EMPLOYEE  Information on this form is confidential and private and will be shared strictly on a need to know basis. FMLA 29 CFR 825.309		
		/
Name (Last, First, MI)	SS# (Last 4 Digits)	Date
Name of Military Family Member on covered	l active duty or call to covered active d	uty status (Last, First, MI)
$\square$ Spouse $\square$ Parent $\square$ Son $\square$ Daughter		
A complete and sufficient certification to support written documentation confirmation a military Please check on of the following and <u>attach tl</u> covered active duty or call to covered active d	member's covered active duty or call he indicated document to support that	to covered active duty status.
☐ A copy of the military member's covered a☐ Other documentation from the military cert been notified of an impending call to covered☐ I have previously provided my employer w member's covered active duty or call to covere	cifying that the military member is on cactive duty.  ith sufficient written documentation co	•
Describe the reason you are requesting Family	Leave due to a qualifying exigency (in	nclude the specific reason)
A complete and sufficient certification to supplincted any available written documentation a copy of a meeting announcement for informathe military member's rest and recuperation; leas a counselor or school official or staff of a corfinancial affairs. Available written document Yes \(\sigma\) No \(\sigma\) None Available	which supports the need for leave; such ational briefings sponsored by the mili- eave a document confirming an appoin- are facility; or a copy of a bill for servi-	h documentation may include tary; a document confirming tment with a third party, such ces for the handling of legal
Approximate date of exigency// Will you need to be absent from work for a sin □ Yes □ No If so, estimate the beginning a	# d ngle continuous period of time due to t	
Will you need to be absent from work periodic. If so, estimate the schedule of leave including		<del>-</del>



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 school or childcare providers, to make financial or legal arrangements, to act a federal, state or local agency for purposes of obtaining, arranging or appealing sponsored by the military or military service organization), a complete and address and appropriate contact information of the individual or entity). This inf verify that the information contained on this form is accurate.	childcare, to attend counseling, to attend meetings with as the covered military member's representative before a g military service benefits, or to attend any event sufficient certification includes the name, natity with whom you are meeting (i.e., either the
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