



# Family and Medical Leave Act Certification for Serious Injury or Illness of Covered Servicemember - - for Military Family Leave

## Form G

The Family and Medical Leave Act (FMLA) provides that eligible employees may take FMLA leave to care for a covered servicemember with a serious illness or injury. The FMLA allows an employer to require an employee seeking FMLA leave for this purpose to submit a medical certification. The employer must give the employee 15 calendar days to provide the certification from the date of application. If the employee fails to provide complete and sufficient certification, the FMLA leave request may be denied. **Completed forms should be sent via FCPS StaffConnect or via fax 571-423-5013.** More information about FMLA may be found on the FCPS website ([www.fcps.edu](http://www.fcps.edu), search "FMLA").

### SECTION I: For Completion by the EMPLOYEE or EMPLOYER

While this form is not required, it asks the health care provider for the information necessary for a complete and sufficient qualifying exigency certification.

Employee's name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employer name and contact: \_\_\_\_\_

Certification must be submitted with 15 days from the application for FMLA.

### SECTION II: For Completion by the EMPLOYEE

The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave.

1. Provide the name of the military member on covered active duty or call to covered active duty status:

\_\_\_\_\_

First

Middle

Last

2. Select your relationship to the current servicemember:

- Spouse
- Parent
- Child, of any age

*Spouse means a husband or wife as defined or recognized in the state where the individual was married, including a common law marriage or same-sex marriage. The terms "child" and "parent" include in loco parentis relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for a covered servicemember who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for for a qualifying exigency related to a military members who assumed the obligations of a part to the employee when the employee was a child. An employee may also take FMLA leave a a qualifying exigency related to a military member for who the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.*

Employee Name: \_\_\_\_\_

Date Received by Disability and Leaves: \_\_\_\_\_

## PART B: COVERED ACTIVE DUTY STATUS

Covered active duty or call to covered active duty in the case of a member of the Regular Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to: Section 688 of Title 10 of the United States Code; Section 12301(a) of Title 10 of the United States Code; Section 12302 of Title 10 of the United States Code; Section 12304 of Title 10 of the United States Code; Section 12305 of Title 10 of the United States Code; Section 12406 of Title 10 of the United States Code; chapter 15 of Title 10 of the United States Code; or, any other provision of law during a war or during a national emergency declared by the President or Congress so long as it is in support of a contingency operation. 10 U.S.C. § 101(a)(13)(B).

An employer may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member's covered active duty service. This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.

3. Provide the dates of the military member's covered active duty service: \_\_\_\_\_
4. Please check one of the following and attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:
- A copy of the military member's covered active duty orders
  - Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member's chain of command
  - I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status

## PART B: APPROPRIATE FACTS

Under the FMLA, leave can be taken for a number of qualifying exigencies. Complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes available written documentation which supports the need for leave such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member's Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., a counselor or school official, or staff at a care facility, a copy of a bill for services for the handling of legal or financial affairs). Please provide appropriate facts related to the particular qualifying exigency to support the FMLA leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

5. Select the appropriate Qualifying Exigency Category and, if needed, provide additional information related to the event:
- Short notice deployment (*i.e., deployment within seven or fewer days of notice*)
  - Military events and related activities (*e.g., official ceremonies or events, or family support and assistance programs*):  
\_\_\_\_\_
  - Childcare related activities for the child of the military member (*e.g., arranging for alternative childcare*):  
\_\_\_\_\_
  - Care for the military member's parent (*e.g., admitting or transferring the parent to a new care facility*):  
\_\_\_\_\_

Employee Name: \_\_\_\_\_

- Financial and legal arrangements related to the deployment (e.g., obtaining military identification cards)
- Counseling related to the deployment (i.e., counseling provided by someone other than a health care provider)
- Military member's short-term, temporary Rest and Recuperation leave (R&R) (leave for this reason is limited to 15 calendar days for each instance of R&R)
- Post deployment activities (e.g., arrival ceremonies, or reintegration briefings and events):  
\_\_\_\_\_
- Any other event that the employee and employer agree is a qualifying exigency:  
\_\_\_\_\_

6. Available written documentation supporting this request for leave is (  attached/  not attached/  not available)

**PART C: AMOUNT OF LEAVE NEEDED**

Provide information concerning the amount of leave that will be needed. Several questions in this section ask about the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as “unknown” or “indeterminate” may not be sufficient to determine FMLA coverage.

7. List the approximate date exigency started or will start: \_\_\_\_\_ (mm/dd/yyyy)

8. Provide your best estimate of how long the exigency lasted or will last:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

9. Due to a qualifying exigency, I need to work a reduced schedule. Provide your best estimate of the reduced schedule you are able to work:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)  
I am able to work (e.g., 5 hours/day, up to 25 hours a week) \_\_\_\_\_

10. Due to a qualifying exigency, I will need to be absent from work for a continuous period of time. Provide your best estimate of the beginning and ending dates for the period of absence:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

11. Due to a qualifying exigency, I will need to be absent from work on an intermittent basis (periodically). Provide your best estimate of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.  
Over the next 6 months, absences on an intermittent basis are estimated to occur: \_\_\_\_\_ times per  
(  day /  week /  month) and are likely to last approximately \_\_\_\_\_ (  hours /  days) per episode.

12. My leave is due to a qualifying exigency that involves Rest and Recuperation leave (R & R) of the military member (leave for this reason is limited to 15 calendar days for each instance of R & R leave). List the dates of the military member's R &R leave:  
From \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Employee Name: \_\_\_\_\_

**PART D: THIRD PARTY INFORMATION**

If applicable, please provide information below that may be used by FCPS to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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. This information may be used by your FCPS to verify that the information contained on this form is accurate.

Individual (e.g., name and title) or Entity/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Describe purpose of meeting: \_\_\_\_\_

*Employers must generally maintain records and documents relating to medical certifications, re-certifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies. The FMLA allows an employer to require an employee seeking FMLA to submit a certification 29 C.F.R. §§ 2613, 2614 (c)(3).*

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ (mm/dd/yyyy)