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| DOTLOGOMISSOURI DEPARTMENT OF TRANSPORTATION CERTIFICATION OF QUALIFYING EXIGENCY FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE |

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| **SECTION I**: For completion by **MoDOT Human Resources** (*complete prior to giving form to employee*) | | |
| Employer name and contact: | |  |
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| **SECTION II**: For completion by the **Employee** | | | | |
| Please read and complete Section II. The FMLA permits MoDOT to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown” or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. You must provide the completed certification (or an explanation of why you have been unable to complete the certification) within 15 calendar days. | | | | |
| Your full name: | | |  | |
| Full name of military member on covered active duty or call to covered active duty status: | | | | |
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| Relationship of military member on covered active duty to you: | | | |  |
| Period of military member’s covered active duty: | | | |  |
| A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member’s covered active duty or call to covered active duty status. Please check one of the following: | | | | |
|  | | A copy of the military member’s covered active duty orders is attached. | | |
|  | | Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached. | | |
|  | | I have previously provided MoDOT with sufficient written documentation confirming the military member’s covered active duty or call to covered active duty status. | | |

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| **PART A:** QUALIFYING REASON FOR LEAVE | | | | |
| 1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave): | | | | |
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| 2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for | | | | |
| leave is attached. | | Yes | No | None available |

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| **PART B:** AMOUNT OF LEAVE NEEDED | | | | | | | | | | | | | | |
| 3. Approximate date exigency commenced: | | | | | | |  | | | | | | | |
| Probable duration of exigency: | | | | | |  | | | | | | | | |
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| 4. Will you need to be absent from work for a single continuous period of time due to the qualifying | | | | | | | | | | | | | | |
| exigency? | | No | | Yes | | | | | | | | | | |
| If so, estimate the beginning and ending dates for the period of absence: | | | | | | | | | | |  | | | |
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| 5. Will you need to be absent from work periodically to address this qualifying exigency? | | | | | | | | | | | | | No | Yes |
| Estimate schedule of leave, including the dates of any scheduled meetings or appointments: | | | | | | | | | | | | | | |
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| Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours): | | | | | | | | | | | | | | |
|  | Frequency: | |  | | times per | | |  | week(s) |  | | month(s) | | |
|  | Duration: | |  | | hours or | | |  | day(s) per event | | | | | |

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| **PART C:** THIRD PARTY CONTACT INFORMATION | | | | | | | | | | | |
| 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 (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: | | | | | |  | | | Title: | |  |
| Organization: | | | | |  | | | | | | |
| Address: | | |  | | | | | | | | |
| Telephone: | | | |  | | | | Fax: | |  | |
| Email: | |  | | | | | | | | | |
| Describe nature of meeting: | | | | | | |  | | | | |
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| **PART D:** SIGNATURE | | |
| **I certify that the information I provided above is true and correct.** | | |
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| **Employee Signature** |  | **Date** |

Return completed form to your local human resources representative.