CERTIFICATION OF QUALIFYING EXIGENCE FOR MILITARY
(Family and Medical Leave Act of 1993; Rev. 01/09)
Rhatigan Student Center * Human Resources Department* Wichita, Kansas 67260-0056
Phone- (316) 978-7003* Fax- (316) 978-3217
(Rev. 6/2015)

1. Employee’s Full Name: ___________________________ myWSU ID# __________________
2. Name of Covered Military Member on Active Duty or Call to Active Duty Status in Support of a Contingency Operation: ____________________________________________
   Relationship of Covered Military Member to Employee: ____________________________
   Period of Covered Military Member’s Active Duty: ________________________________

3. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member’s active duty or call to active duty status in support of a contingency operation. Please check one of the following:
   ____ A copy of the covered military member’s active duty orders is attached; or
   ____ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached; or
   ____ I have previously provided Rhatigan Student Center with sufficient written documentation confirming the covered military member’s active duty or call to active duty status in support of a contingency operation.

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):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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

PART B: AMOUNT OF LEAVE NEEDED

1. Approximate date exigency commenced: _____________________________
   Probable duration of exigency: _____________________________

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? [ ] Yes [ ] No
   If so, estimate the beginning and ending dates for the period of absence: ____________ to ____________

3. Will you need to be absent from work periodically to address this qualifying exigency? [ ] Yes [ ] No
   * Estimate schedule of leave, including the dates of any scheduled meetings or appointments:
   ____________________________________________________________
   ____________________________________________________________

   * Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., one deployment-related meeting every month lasting four hours):
     Frequency: ________ times per ________ week(s) ________ month(s)
     Duration: ________ hours ________ day(s) per event.
PART C
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 Wichita State University to verify that the information contained on this form is accurate.

Name of individual or entity with whom you are meeting: ____________________________________________
Title: __________________________________________________________________________________
Organization: _____________________________________________________________________________
Address: __________________________________________________________________________________
__________________________________________________________________________________________
Telephone: ( ) __________________________ Fax: ( )
Email: __________________________________________________________________________________

Describe nature of meeting:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

PART D
I certify that the information I provided above is true and correct.

_________________________________________  _________________________________
Signature of Employee                        Date