



**COUNTY OF RIVERSIDE**  
**Human Resources Department**

**CERTIFICATION OF QUALIFYING EXIGENCY  
 FOR MILITARY AND FAMILY LEAVE  
 (NATIONAL GUARD AND RESERVES ONLY)**

† Family and Medical Leave Act (FMLA)

**For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** The FMLA permits the County 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 have 15 calendar days to return this form.**

Employee Name (Last, First, Middle): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
 (     )

Department Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Name of the covered military member on active duty or call to active duty status in a foreign country in support of a contingency operation (Last, First, Middle): \_\_\_\_\_

Relationship of the covered military member to you:  
 Child     Spouse     Parent

Period of military member's active duty: \_\_\_\_\_

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.
- 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) and has been deployed to a foreign country in support of a contingency operation is attached.
- I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in a foreign country in support of a contingency operation.

**PART A. QUALIFYING REASON FOR LEAVE**

1. Describe the specific reason you are requesting FMLA leave due to a qualifying exigency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

