

**City of Torrance**  
**Certification of Qualifying Exigency for Military Family Leave**  
**FMLA**

Employee Name:

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 you:

Period of covered military member's active duty:

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) in support of a contingency operation is attached

**PART A: QUALIFYING REASONS FOR LEAVE**

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

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 to address this qualifying exigency?  
 Yes  No

If yes, estimate the beginning and ending dates for the period of absence:

3. Will you need to be absent from work periodically to address this qualifying exigency?  Yes  No

If yes, estimate schedule of leave, including dates of any scheduled meetings or appointments:

PART C:

If leave is requested to meet 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 representative before a federal, state or local agency for purposes of obtaining, arranging and 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 contact information of the individual or entity with whom you are meeting (i.e., telephone number, fax number, e-mail address or the entity). This information may be used by the city to verify that the information contained on the form is accurate.

Name and title of individual:

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: