

Highland Park Independent School District

Certification for Qualifying Exigency Leave

SECTION I: For Completion by the EMPLOYER

Employer Name: Highland Park Independent School District

Employer Contact: Melinda Tubb, Personnel Specialist

Telephone: (214) 780-3012 Fax: (214) 780-3099

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete this certification form fully and completely. The Family and Medical Leave Act ("FMLA") permits Highland Park ISD to require that you submit a timely, complete, and sufficient certification to support your request for family and medical leave due to a qualifying exigency. Several questions seek a response as to the frequency or duration of the qualifying exigency. Please be as specific as possible; terms such as "unknown" or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. If you do not provide a complete and sufficient certification by _____, which is at least 15 days from your receipt of this form, Highland Park ISD will delay or deny the leave, continued leave, or restoration to employment, treat your absence as unexcused, and impose appropriate disciplinary action, up to and including termination of employment. **Please sign and date below.**

Your Name: _____
First Middle Last

Name of member of the National Guard or Reserves, or retired member of the Regular Armed Forces or Reserves, ("covered military member") on active duty or call to active-duty status in support of a contingency operation:

First Middle Last

Relationship of covered military member to you: _____

Period of covered 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) in support of a contingency operation is attached.
- _____ I previously have provided Highland Park ISD 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. I am requesting FMLA leave due to a qualifying exigency for the following reason(s) (check all that apply):

- ☐ To address issues that have arisen from the fact that a covered military member has received notice of an impending call or order to active duty less than eight days before deployment.

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- ☐ To attend certain military events and activities related to the active duty or call to active-duty status, such as attendance at official ceremonies or family support or assistance programs and informational briefings.
- ☐ To arrange for alternative childcare.
- ☐ To provide childcare on an urgent, immediate-need basis.
- ☐ To enroll or transfer the military member's child to a new school or daycare.
- ☐ To attend school or daycare meetings due to circumstances arising from the active duty or call to active-duty status (such as disciplinary meetings, parent-teacher conferences, or meetings with school counselors).
- ☐ To arrange financial and legal affairs.
- ☐ 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 while the covered military member is on active duty or call to active-duty status, and for a period of 90 days following the termination of the covered military member's active-duty status.
- ☐ To attend counseling provided by someone other than a healthcare provider where the need for the counseling arises from the active duty or call to active-duty status.
- ☐ To spend time (up to five days) with a covered military member who is on short-term, temporary rest and recuperation leave during the period of deployment.
- ☐ To attend post-deployment arrival ceremonies, reintegration briefings, and events sponsored by the military for 90 days after the end of the active-duty status.
- ☐ To address issues arising from the death of a covered military member while on active duty status.
- ☐ Other. If your reason for requesting leave is not listed above, you still may be eligible for FMLA leave, provided that Highland Park ISD agrees that such leave qualifies as Qualifying Exigency Leave and agrees to both the timing and duration of such leave. Please describe the reason you are requesting Qualifying Exigency Leave: _____

_____.

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation that 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 ____ Not Available

PART B: AMOUNT OF LEAVE NEEDED

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

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2. 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: _____

3. Will you need to be absent from work periodically to address the qualifying exigency? ____No ____Yes

Estimate the leave schedule, 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., 1 deployment-related meeting every month lasting 4 hours):

Frequency: ____ times per ____ week(s) or ____ month(s)

Duration: ____ hours or ____ day(s) per event

PART C: CONTACT INFORMATION FOR MEETINGS

If leave is requested to meet with a third party (such as to arrange for childcare, attend counseling, attend meetings with school or childcare providers, make financial or legal arrangements, 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 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 e-mail address of the individual or entity). Highland Park ISD may use this information to verify the accuracy of the information you provided on this form.

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone (with area code): _____ Fax: _____

E-mail: _____

Describe nature of meeting: _____

PART D: ACKNOWLEDGEMENT / SIGNATURE

I understand that if I do not timely submit a complete and sufficient certification, Highland Park ISD will delay or deny the leave, continued leave, or restoration to employment, treat my absence as unexcused, and impose appropriate disciplinary action, up to and including termination of employment. I further understand that if I make any false or misleading oral or written statement in connection with my request for leave, I will be subject to appropriate disciplinary action, up to and including termination of employment. I certify that all statements in this form are true and complete.

Signature of Employee

Date