

FMLA Certification of Qualifying Exigency For Military Family Leave



HR-BEN-071

Section 1 - Information and Instructions

The purpose of this form is to submit the required documentation for your FMLA request.

NOTE: You can request a leave of absence under the Family and Medical Leave Act (FMLA) online at My MTA Portal, www.mymta.info. If you are unable to apply online, mail or fax a signed copy of HR-BEN-028 form 30 days prior to the start of your leave or as soon as possible. See the instructions at the top of the form for how to submit it to your agency.

Please complete Section I fully and completely. The FMLA permits an employer 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. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

If you have any questions, please contact your agency Human Resources Department.

Section 2 - Employee Information

Print Name	Last First M.I. Suffix					BSC ID
Agency/Dept. (check one)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> CC	<input type="checkbox"/> HQ	<input type="checkbox"/> Police	Agency ID
	<input type="checkbox"/> SIR	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT	Department
					<input type="checkbox"/> MaBSTOA	Job Title
Street Address					Regular Work Schedule	
City				State	Zip Code	
Phone (H)			Phone (W)			Email
Name of covered military member on active duty or call to active duty status in support of a contingency operation						
Last		First			MI	Suffix
Relationship of covered military member to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Next of Kin						
Period of covered service member's active duty: From _____ To _____						
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:						
<input type="checkbox"/>	A copy of the covered military member's active duty orders is attached.					
<input type="checkbox"/>	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.					
<input type="checkbox"/>	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 support of a contingency operation.					

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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):

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? 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 this qualifying exigency? No Yes

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., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event.

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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 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: _____

Section II – Employee Signature	
I understand that fraudulently requesting, obtaining and/ or misusing this leave will be cause for disciplinary action, up to and including dismissal from employment.	
Signature	Date

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HR-BEN-071



Section III – Agency Department Checklist

This Certification form must be sent to your specific Agency representative. Below is a list of all of the Agency contacts. Please check the appropriate box next to your own Agency's contact.

Check the box for your agency.	Agency Name, Address, and Contact Information <i>Note: B&T employees should contact their agency Human Resources Department.</i>
<input type="checkbox"/>	<p><u>MTA-HQ</u></p> <p>Occupational Health Services 420 Lexington Avenue, Suite 2201 New York, NY 10170 Attn: Nurse Manager Email: STDB@MTAHQ.ORG Fax: 212-878-0266</p>
<input type="checkbox"/>	<p><u>MTA- Long Island Rail Road</u></p> <p>Human Resources Department 93-02 Sutphin Boulevard Jamaica, NY 11435 Attention: FMLA Administrator</p> <p>Fax: 718-558-6824 Email: fm1a@lirr.org</p>
<input type="checkbox"/>	<p><u>MTA– Metro-North Railroad</u></p> <p>FMLA Administrator Human Resources Department 420 Lexington Avenue, 12th Floor New York, NY 10170 Attention: FMLA Administrator</p> <p>Phone: 212-340-2112 Fax: 212-340-2045 Email: mnrfla@mnr.org</p>
<input type="checkbox"/>	<p><u>MTA- NYCT / MaBSTOA/ SIRTOA/ MTABUS</u></p> <p>Occupational Health Services 180 Livingston Street, Room 4023 Brooklyn, NY 11201 Attention: Office of the Medical Director</p>