

Request for Family and Medical Leave

Qualifying Exigency Application

Please return the completed certification form to your supervisor within 15 calendar days of receipt of this application or the date condition commenced. Failure to provide a complete and sufficient medical certification may result in denial of your FMLA request.

PART I is completed by the employee requesting leave

Employee Information:

If the applicant meets the eligibility requirements under the federal Family and Medical Leave Act (FMLA):

- The applicant a right to receive up to 12 weeks of unpaid leave in a 12-month period.
- If the applicant is currently receiving employer-paid health benefits coverage, he or she will be able to continue basic insurance coverage during FMLA leave. For questions, please contact HREmployee Benefits at (859) 257-9519, option 3.
- For information on FMLA and university policy, please refer to HR Policy 88.0 Family and Medical Leave Act. Policies are available online at www.hr.uky.edu.
- Send completed application directly to FML administration:

Fax: 859-257-2010 or 859-257-1679 Email: LeaveAdminFMLA@uky.edu

With questions, call FML administration at 859-323-0256 or 859-323-4259. **FOR FACULTY** Below is the link to policy and how to upload (portal) FML. For questions about Faculty FML, email facultyadv@uky.edu.

LINK: <https://ofa.uky.edu/policies-procedures/faculty-leaves-absence> **Fax:** 859-257-2987

PART I - TO be completed by Employee

Employee's name (please print):

Department:

Employee's Person ID:

Supervisor:

Employee's Phone #: Home/Primary:

Relationship of Employee to Covered Servicemember

Relationship: Parent (no parent-in-law) Spouse(husband/wife) Child Next of kin

Name of servicemember on active duty or call to active duty status in support of a contingency operation:

(first)

(middle)

(last)

Regular hours per week:

40 37.5 30 20 Other

Days per week Scheduled to Work:

M-F Other

Work shift:

Days Evenings Nights
Other

I am requesting an intermittent work schedule (describe requested schedule):

If you are requesting a reduced or intermittent work schedule because of your own serious health condition, please provide your health care provider with a description of your job tasks. If you need assistance, contact your supervisor.

PART 1A - Covered Servicemember Information

Is the covered Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves? Yes No

If yes, please provide the covered servicemember's military branch, rank and unit currently assigned:

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 military member is on active duty (or has been notified of an impending call to covered active duty) is attached.

I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to active duty status.

1.	Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):
2.	<p>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 the military member's Rest and Recuperation; a document confirming an appointment with a third party, such as a counselor or school official or staff at a care facility; 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.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None available </p>
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? <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimate the beginning and ending dates for the period of absence: </div>
3.	<div style="display: flex; justify-content: space-between;"> Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> 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): <div style="display: flex; justify-content: space-between;"> Frequency: times per week(s) month(s) </div> <div style="display: flex; justify-content: space-between;"> Duration: hours day(s) per event </div>	
<p>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 the 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.</p> <p>Name of individual: _____ Title: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p>Describe nature of meeting:</p>	
Employee Signature	Date