

**Certification for Military Family Leave for
Qualifying Exigency
under the Family and Medical Leave Act**

**U.S. Department of Labor
Wage and Hour Division**



Employee Name: _____

PART A: COVERED ACTIVE DUTY STATUS

This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment

PART B: APPROPRIATE FACTS



Employee Name: _____