

SECTION II - 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 yes, estimate the start and end dates for the period of absence: Start: _____ End: _____

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:** _____ days and/or _____ hour(s) per event.**SECTION II - 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 including the: name, address, and appropriate contact information of the individual or entity with whom you are meeting is required. (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:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Describe nature of meeting:

SECTION II - PART D:

I certify that the information I provided above is true and correct.

Signature of Employee:

Date: