



active duty status:

- A. A copy of the covered military member's active duty orders is attached.
- B. 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).
- C. I have previously provided the County of Santa Barbara, Department of \_\_\_\_\_ documentation confirming the covered military member's active duty or call to active duty status.

**PART B: APPROPRIATE FACTS**

- 1. Describe the reason you are requesting FMLA and/or CFRA 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 C: 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: \_\_\_\_\_ time(s) per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hour(s) \_\_\_\_\_ day(s) per event.

#### **PART D: THIRD PARTY INFORMATION**

1. 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 or the individual or entity). This information may be used by the County of Santa Barbara to verify that the information contained in this form is accurate.

Name of Individual: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date