

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"/> C&D	<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.					

FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071



PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency:

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: Request for Leave

Leave Start Date

Leave End Date

a) State the type of leave you are requesting: Intermittent Reduced Schedule Continuous

(Intermittent Leave is separate blocks of time due to a single qualifying reason. Reduced Schedule is leave that reduces your usual number of working hours per work week or hours per work day, and a Continuous Leave is taken in consecutive blocks of time.)

b) If Intermittent or reduced schedule, state the anticipated frequency and duration of each appointment, meeting, or leave event, including any travel time (e.g, one deployment-related meeting every month lasting 4 hours):

Frequency: _____ Times per Day Month Rolling Days Week Year

Duration: _____ Hours _____ Day(s) per event.

FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071



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 3 - 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
-----------	------

FMLA Certification of Qualifying Exigency For Military Family Leave

HR-BEN-071



Section 4 - Agency Department Checklist	
Check the box for your agency	Submit this form to your agency representative listed below.
<input type="checkbox"/>	<p><u>MTA HQ</u> Occupational Health Services 420 Lexington Avenue, Suite 2201 New York, NY 10170 Attn: Nurse Manager Email: FMLA@MTAHQ.ORG Fax: 212-656-1368</p>
<input type="checkbox"/>	<p><u>MTA Bridges and Tunnels</u> Human Resources Department Robert Moses Building Randall's Island New York, NY 10035 Fax: 646-252-7911</p>
<input type="checkbox"/>	<p><u>MTA Long Island Rail Road</u> Human Resources Department 93-02 Sutphin Boulevard Jamaica, NY 11435 Attention: FMLA Administrator Fax: 718-558-6824 Email: fmla@lirr.org</p>
<input type="checkbox"/>	<p><u>MTA Metro-North Railroad</u> FMLA Administrator Human Resources, Department 4 20 Lexington Avenue, 12th Floor New York, NY 10170 Attention: FMLA Administrator Phone: 212-340-2112 Fax: 212-340-2045 Email: mnrFMLA@mnr.org</p>
<input type="checkbox"/>	<p><u>MTA NYCT/MaBSTOA /SIRTOA/MTA BUS</u> New York City Transit FMLA-PFL-STD Floor 8th, Rm 8000.43 300 Cadman Plaza West Brooklyn, NY 11201 E-Fax: 718-744-2671 Email: Complianceandsupport@nyct.com</p>