



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Certification of Qualifying Exigency for Military Family Leave**  
 Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)

**ATTACHMENT G**

EE Name:  
EMP #:

**SECTION I: For Completion by the SUPERVISOR**

**INSTRUCTIONS:** Complete Section I and attach the class description before giving this form to the employee. You may not ask an employee to disclose information other than what is permitted under the applicable regulations. Employers must maintain confidential leave records that document an employee’s medical certifications/recertification, separately from the employee’s personnel files.

School Site/Division	
Supervisor/Administrator	Date
Employee Name	Employee #
Employee Job Title	Regular Work Schedule

If leave is for 20 CONSECUTIVE WORKING DAYS OR LESS, this form will remain at the employee’s work location.

If leave is for MORE THAN 20 CONSECUTIVE WORKING DAYS, a District formal Leave of Absence is required and this form shall be forwarded (by the employee) to the appropriate personnel office, with a copy retained at the employee’s work location.

- Personnel Commission Classified Employment Services Branch, PH: 213.241.6300, PO Box 513307, Los Angeles, CA 90051-1307
- Human Resources Certificated Assignments & Support Services, PH: 213.241.5100, PO Box 3307 (Dept. S), Los Angeles, CA 90051
- Human Resources Administrative Assignments Unit, PH: 213.241.6365, PO Box 3307, Los Angeles, CA 90051
- DACE Personnel Unit, 333 S. Beaudry Ave, PH: 213.241.3150, 15<sup>th</sup> Floor, Los Angeles, CA 90017

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS:** You are required to submit a timely, complete, and sufficient certification to support requests for FMLA/CFRA due to a qualifying exigency. Several questions in this section seek a response as to the frequency and duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” are not sufficient to determine FMLA/CFRA coverage. Submittal of the medical certification is required by LAUSD in order to obtain and/or retain leave protections. **This form should be completed and returned within 15 calendar days of request.** Failure to provide a complete and sufficient certification may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

Employee’s Full Name	Date
Name of Military Member on Covered Active Duty or Call to Covered Active-Duty Status:	
Relationship of Military Member to Employee	
Military Member on Covered Active Duty Start Date	Military Member on Covered Active-Duty End Date

A complete and sufficient certification to support a request for FMLA/CFRA leave due to a qualifying exigency includes written documentation confirming a military member’s covered active service duty call or call to covered active-duty service. Please check one of the following and attach the indicated document to support that the military member is on covered active-duty call or call to covered active-duty status.

- A copy of the military member’s covered active-duty orders is attached.
- Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.
- I have previously provided the District (my Administrator or Designee) with sufficient written documentation confirming the military member’s covered active duty or call to covered active duty status.



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**SECTION II: For Completion by the EMPLOYEE, CONTINUED**

**PART A: QUALIFYING REASON FOR LEAVE**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. A complete and sufficient certification to support a request for FMLA/CFRA 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 leave; 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. YES  NO  NONE AVAILABLE

**PART B: AMOUNT OF LEAVE NEEDED**

1. **Single Continuous Period of Time:** Will you be absent from work for a single continuous period of time due to the qualifying exigency? Yes  No

If yes, estimate the beginning and ending dates for the period of leave FROM: \_\_\_\_\_ THROUGH \_\_\_\_\_

2. **Intermittent Leave:** Will you be absent from work periodically to address this qualifying exigency? Yes  No

If yes, estimate the frequency and duration of each appointment, meeting, or leave event, including travel time(e.g., 1 deployment meeting every 3 months lasting 2 hours):

Frequency: \_\_\_\_\_ Times per: \_\_\_\_\_ Week(s) / or \_\_\_\_\_ Month(s)  
 Duration: \_\_\_\_\_ Hour(s) / or \_\_\_\_\_ Day(s) per episode

Notes: \_\_\_\_\_

**PART C: CONTACT INFORMATION**

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings at the school, childcare or parental care providers, to make financial or legal arrangements, to act as the 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 the District to verify that the information contained on this form is accurate.

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Describe Nature of Meeting \_\_\_\_\_

**PART D: CERTIFICATION**

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

Employee's Signature	Date
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Qualifying Exigency Categories

The Department has identified nine broad categories of qualifying exigencies. If the military member is on covered active duty, the employee may take FMLA/CFRA leave for the following qualifying exigencies:

- Issues arising from the military member's **short notice deployment** (i.e., deployment within seven or less days of notice). For a period of up to seven days from the day the military member receives notice of deployment, an employee may take qualifying exigency leave to address **any** issue that arises from the short-notice deployment.
- Attending **military events and related activities**, such as official ceremonies, programs, events, and informational briefings, or family support or assistance programs sponsored by the military, military service organizations, or the American Red Cross that are related to the member's deployment.
- Certain **childcare and related activities** arising from the military member's covered active duty, including arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, and enrolling in or transferring a child to a new school or daycare facility.

**Note:** The employee taking FMLA/CFRA qualifying exigency leave does not need to be related to the military member's child. However, (1) the military member must be the parent, spouse, son, or daughter of the employee taking FMLA/CFRA leave, and (2) the child must be the child of the military member (including a child to whom the military member stands in loco parentis).

- Certain activities arising from the military member's covered active duty related to the **care of the military member's parent** who is incapable of self-care, such as arranging for alternative care, providing care on a non-routine, urgent, immediate need basis, admitting or transferring a parent to a new care facility, and attending certain meetings with staff at a care facility, such as meetings with hospice or social service providers.  
**Note:** The employee taking FMLA/CFRA qualifying exigency leave does not need to be related to the military member's parent. However, (1) the military member must be the parent, spouse, son, or daughter of the employee taking FMLA/CFRA leave, and (2) the parent must be the parent of the military member (including an individual who stood in loco parentis to the military member when the member was a child).
- Making or updating **financial and legal arrangements** to address a military member's leave while on covered active duty, including preparing and executing financial and healthcare powers of attorney, enrolling in the Defense Enrollment Eligibility Reporting System (DEERS), or obtaining military identification cards.
- Attending **counseling** for the employee, the military member, or the child of the military member when the need for that counseling arises from the covered active duty of the military member and is provided by someone other than a health care provider.
- Taking up to 15 calendar days of leave to spend time with a military member who is on short-term, temporary **Rest and Recuperation** leave during deployment. The employee's leave, for this reason, must be taken while the military member is on Rest and Recuperation leave.
- Certain **post-deployment activities** within 90 days of the end of the military member's covered active duty, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military, and addressing issues arising from the death of a military member, including attending the funeral.
- Any other event that the employee and employer agree is a qualifying exigency.