UNIVERSITY SYSTEM OF MARYLAND

Form 3D – Certification for Qualifying Exigency Leave

(FMLA – Military Exigency Leave)

Confidential Medical Record – Maintain Separately from Personnel File

Return completed form to the employee or institutional Human Resources Office. Do not send to the U.S. Department of Labor.

This certification is used to evaluate whether leave qualifies under the federal Family and Medical Leave Act (FMLA) for Qualifying Exigency Leave arising out of a family member's covered active duty or call to covered active duty in the Armed Forces.

Qualifying exigency leave is administered under federal FMLA provisions and may not qualify for Maryland Paid Family and Medical Leave (PFML).

Approval and designation of leave are determined separately by the employer.

Section I – Employer

Either the employee or the employer may complete this section.

The Family and Medical Leave Act (FMLA) allows an eligible employee to take up to twelve (12) workweeks of leave for qualifying exigencies arising out of the covered active duty or call to covered active duty status of a family member serving in the Armed Forces. See 29 U.S.C. § 2612(a)(1)(E); 29 C.F.R. § 825.309.

The employer must generally allow at least fifteen (15) calendar days for return of this certification unless not practicable despite diligent good faith efforts.

Employers must maintain certifications and supporting documentation as confidential records.

Employers must maintain medical certifications as confidential medical records.

Employee Name: _____ Employee Job Title: _____

Employer Name: _____
(Part of the University System of Maryland)

Employee's Regular Work Schedule: _____

Date Certification Requested:

_____

Certification Due Date:

_____

(at least 15 calendar days)

Human Resources Use Only

Date Request Received: _____

- ○ Complete Request Received
- ○ Incomplete Request Received

If incomplete, employee notified on: _____

Additional information due by: _____

FMLA Eligibility Status

- ○ Eligible
- ○ Not Eligible

PFML Eligibility Status

- ○ Potentially Eligible
- ○ Not Eligible

Leave Designation Pending:

- ○ Yes
- ○ No

HR Representative: _____ Date: _____

Section II – Military Member Information

Name of Military Member: _____

Relationship to Employee:

- ○ Spouse
- ○ Parent
- ○ Child

Branch of Service:

- ☐ Army
- ☐ Navy

- ☐ Air Force
- ☐ Marines
- ☐ Coast Guard
- ☐ National Guard
- ☐ Reserves
- ☐ Other: _____

Status of Military Member:

- ◯ Covered Active Duty
- ◯ Call to Covered Active Duty

Expected Dates of Covered Active Duty:

From _____ To _____

Additional Documentation Provided

- ☐ Copy of Active Duty Orders
- ☐ Letter of Deployment or Activation
- ☐ Military Event Documentation
- ☐ Meeting/Event Notice
- ☐ Childcare Documentation
- ☐ Travel Documentation
- ☐ Other Supporting Documentation: _____

Section III – Qualifying Exigency Category

Please identify the qualifying exigency for which leave is requested:

- ☐ Short-notice deployment *(Deployment within seven (7) calendar days)*
- ☐ Childcare and school activities
- ☐ Financial or legal arrangements
- ☐ Counseling
- ☐ Rest and recuperation
- ☐ Post-deployment activities
- ☐ Parental care
- ☐ Additional activities agreed upon by employer and employee

Describe the qualifying exigency: _____

_____

_____

_____

_____

Section IV – Leave Request Information

Continuous Leave

Is continuous leave requested? ◯ Yes ◯ No

If yes: From _____ To _____

Reduced Schedule Leave

Is a reduced work schedule requested? ◯ Yes ◯ No

If yes, explain requested schedule: _____

_____

Intermittent Leave

Is intermittent leave requested? ◯ Yes ◯ No

If yes, estimate frequency and duration:

Frequency: _____

Duration per absence: _____

Expected duration of need for intermittent leave:

From _____ To _____

(Note: If PFML applies, intermittent leave must be taken in increments of at least four (4) hours.)

Section V – Third Party Information

(Complete only if leave involves meeting with a third party)

Name of Individual or Organization: _____

Address: _____ Phone Number: _____

Nature of Meeting/Event: _____ Date(s) of Meeting/Event: _____

Section VI – Employee Certification

I certify that the information provided in connection with this request is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial of leave, repayment obligations, disciplinary action, and/or other action permitted under applicable law and University System of Maryland policy.

Employee Signature: _____ Date: _____

Authentication and Clarification

The University System of Maryland may request clarification or authentication of documentation submitted in support of this request consistent with applicable law and policy.

All documentation received in connection with this request shall be maintained as confidential records separate from personnel records consistent with applicable law and policy.

Important Notice Regarding Entitlement

Qualifying exigency leave under the FMLA provides eligible employees with up to twelve (12) workweeks of leave during the applicable FMLA leave year.

Qualifying exigency leave runs concurrently with other applicable FMLA leave entitlements where permitted by law and policy.

Approval of qualifying exigency leave under the FMLA does not automatically establish eligibility for Maryland Paid Family and Medical Leave (PFML).