



Mashantucket Pequot
Tribal Nation

MASHANTUCKET EMPLOYMENT RIGHTS OFFICE (MERO)

Certification of Qualifying Exigency for Military Family Leave

For leave requests under Title 51, the Mashantucket Pequot Family and Medical Leave Law (MFML Law)

The Mashantucket Pequot Family and Medical Leave Law (MFML Law) provides that eligible employees may take leave under the MFML Law for a qualifying exigency while the employee’s family member (the military member) is on covered active duty or has been notified of an impending call or order to covered active duty. An employer may require an employee seeking leave due to a qualifying exigency to submit a timely, complete and sufficient certification to support the request. The employee must be given **at least 15 calendar days** from the date they receive the form to provide the completed certification. If the employee fails to provide a complete and sufficient certification, their request for leave under the MFML Law may be denied. Use of this form is optional, but this form asks the employee for the information necessary for a complete and sufficient qualifying exigency certification. An employer may not ask the employee to provide more information than allowed under the MFML Law. Additional information about the MFML Law may be found at MERO.mptn-nsn.gov.

SECTION I – EMPLOYER OR EMPLOYEE TO COMPLETE

EMPLOYEE NAME:	EMPLOYEE ID NUMBER:	DATE CERTIFICATION REQUESTED:
EMPLOYER NAME:		DATE CERTIFICATION MUST BE RETURNED:*

*The employee must have at least 15 calendar days from the date they receive the form to return the completed certification. If return of the certification within 15 days is not feasible despite the employee’s diligent, good faith efforts, additional time must be provided.

SECTION II – EMPLOYEE TO COMPLETE

Please complete all relevant parts of Section II of this form, provide any requested documentation, sign the form and return the completed form and any supporting documents to your employer. An employer may require that you submit a timely, complete and sufficient certification to support a request for leave under the MFML Law due to a qualifying exigency. If requested by your employer, your response is required to obtain the benefits and protections of the MFML Law. Failure to provide a complete and sufficient certification may result in a denial of your MFML Law leave request. A complete and sufficient certification to support a request for leave under the MFML Law due to a qualifying exigency includes written documentation confirming a military member’s covered active duty or call to covered active duty status. **You are responsible for making sure the completed certification is provided to your employer timely. Your employer must allow you at least 15 calendar days from your receipt of the form to return the completed certification and documentation. Please print neatly or type your responses.**

PROVIDE THE NAME, AND ASSOCIATION TO YOU, OF THE MILITARY MEMBER ON COVERED ACTIVE DUTY OR CALL TO COVERED ACTIVE DUTY STATUS:

(a) Full Name: _____

- (b) Please complete the sentence by checking the appropriate box. The military member is my...
- Spouse** – Partner by marriage or civil union that is legal in the jurisdiction in which it was performed.
 - Child (of any age)** – Biological, adopted, or foster child, stepchild, TMDC*, legal ward, or a child to whom I now stand *in loco parentis*** or to whom I stood *in loco parentis*** when they were under the age of 18.
 - Grandchild** – related to me by blood, marriage, adoption by my child, in foster care with my child or a TMDC* of my child.
 - Parent** – My or my spouse’s biological parent, adoptive parent, stepparent, parent-in-law, foster parent, or legal guardian, or a person standing *in loco parentis*** to my spouse or me currently or when we were under the age of 18.
 - Grandparent** - related to me by blood, marriage, my adoption as a minor child by their child, my foster care by their child or my being a TMDC* of their child.
 - Sibling** – my or my spouse’s biological, half, step, adopted or foster sibling, sibling-in-law or TMDC* sibling.

*TMDC means **Tribal Member Dependent Child** - a person who is not a member of the Mashantucket Pequot Tribal

Nation (MPTN) who was in the custody and care of a member of MPTN and resided in the household of the Tribal Member as a member of their family for at least seven (7) years on or before reaching the age of 18.

****In loco parentis** means a relationship in which a person assumes the obligations of a parent to a child, such as the day-to-day responsibilities to care for or financially support a child. No biological or legal relationship is required.

PART A: COVERED ACTIVE DUTY STATUS

Covered active duty or call to covered active duty by the United States government in the case of a member of the Regular Armed Forces of the United States means duty during the deployment of the member with the United States Armed Forces to a foreign country. Covered active duty or call to covered active duty in the case of a member of the Reserve components of the U.S. Armed Forces means duty during the deployment of the member with the U.S. Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation pursuant to Title 10 of the United States Code.

Provide to the employer the dates of the military member’s covered active duty status and a copy of the military member’s active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status, and the dates of the military member’s covered active duty service. **This information need only be provided to the employer once, unless additional leave is needed for a different military member or different deployment.**

(a) Dates of the military member’s covered active duty service:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

(b) Please check one of the following and, if not previously provided, attach the indicated written document to support that the military member is on covered active duty or call to covered active duty status:

- A copy of the military member’s covered active duty orders
- Other documentation from the military indicating that the military member is on covered active duty or has been notified of an impending call to covered active duty, such as official military correspondence from the military member’s chain of command
- I have previously provided my employer with sufficient written documentation confirming the military member’s covered active duty or call to covered active duty status

PART B: APPROPRIATE FACTS TO SUPPORT LEAVE REQUEST.

Under the MFML Law, leave can be taken for a number of qualifying exigencies. Complete and sufficient certification to support a request for MFML Law leave due to a qualifying exigency includes available written documentation that supports the need for leave, such as a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming the military member’s Rest and Recuperation leave, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, or a document confirming an appointment with a third party (e.g., written confirmation from a counselor, school official, or staff at a care facility; or a copy of a bill for legal or financial services). Please provide appropriate facts related to the particular qualifying exigency to support the MFML Law leave request, including information on the type of qualifying exigency and any available written documentation of the exigency event.

(a) Select the appropriate **Qualifying Exigency Category** and, if needed, provide additional information related to the event:

1. Short notice deployment (i.e., deployment within seven (7) or fewer days of notice).
2. Military events and other activities related to the deployment (e.g., official ceremonies or events, or family support and assistance programs) Please describe the events or activities in Section (b).

- 3. Childcare related activities for the child under the age of 18 or who is incapable of self-care of the military member (e.g., *arranging for alternative childcare*). Please describe the childcare related activities in Section (b).
- 4. Care for the military member’s parent who is incapable of self-care (e.g., *admitting or transferring the parent to a new care facility*). Please describe the parent care activities in Section (b).
- 5. Financial and legal arrangements related to the deployment (e.g., *obtaining military identification cards*).
- 6. Counseling related to the deployment (i.e., counseling provided by someone other than a health care provider).
- 7. Military member’s short-term, temporary Rest and Recuperation leave (R&R). Leave for this reason is limited to 15 calendar days for each instance of R&R.
- 8. Post deployment activities (e.g., *arrival ceremonies, or reintegration briefings and events*). Please describe the deployment activities in Section (b).
- 9. Any other event that the employee and employer agree is a qualifying exigency. Please describe the event in Section (b).

(b) Description of Qualifying Exigency (if you checked 2,3, 4, 8 or 9 above): _____

(c) Written documentation supporting this request for leave is attached not attached not available.

PART C: AMOUNT OF LEAVE NEEDED

Provide information concerning the amount of leave that will be needed. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency leave needed. Be as specific as you can; terms such as “unknown” or “indeterminate” may not be sufficient to determine coverage under the MFML Law.

(a) List the approximate date exigency started or will start: _____ (mm/dd/yyyy)

(b) Provide your best estimate of how long the exigency lasted or will last:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

(c) If you require a **reduced schedule** due to the qualifying exigency, provide your **best estimate** of the reduced schedule you are able to work:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

I am able to work _____
 (e.g., 5 hours/day, up to 25 hours a week)

(d) If you need to be **absent** from work for a **continuous period** of time due to the qualifying exigency, provide your **best estimate** of the beginning and ending dates for the period of absence:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

(e) If you need to be absent from work on an **intermittent basis** (periodically) due to the qualifying exigency, provide your **best estimate** of the frequency (how often) and duration (how long) of each appointment, meeting, or leave event, including any travel time.

Over the next six (6) months, absences on an **intermittent basis** are estimated to occur: _____ times per day week month and are likely to last approximately _____ hours days per episode.

(f) If the qualifying exigency is the military member’s short-term, temporary **Rest and Recuperation leave (R&R)**, please list the dates of the military member’s R &R leave:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

If the military member’s R&R leave is longer than the 15 calendar days of MFML that may be taken for each instance of R&R leave, please indicate the dates for which leave is requested:

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

PART D: THIRD PARTY INFORMATION

If applicable, please provide information below that may be used by your employer to verify meetings or appointments with a third party related to the qualifying exigency. Examples of meetings with third parties include: arranging for childcare or parental care, to attend non-medical counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member’s representative before a federal, state, local or Tribal agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations. This information may be used by your employer to verify that the information contained on this form is accurate. If the third party requires your permission to provide the information to the employer, you may be asked by your employer to provide the third party with the necessary permission.

Individual (*name and title*) or Entity: _____

Address: _____

Telephone: (_____) _____ Fax: (_____) _____

E-mail: _____

Describe purpose of meeting: _____

This Certification may be signed manually or electronically. Signing electronically includes a manual signature submitted electronically. If you choose to sign electronically, your electronic signature is the legally binding equivalent of your manual signature. Your mark in the signature field below must be visible in both electronic and print formats.

Employee Signature: _____ **Date:** _____
(mm/dd/yyyy)

Do not submit completed form to the MERO. Return form to your employer.