

METRO NASHVILLE

REQUEST FOR MILITARY FMLA LEAVE – QUALIFYING EXIGENCY

Name: _____ SSN: _____

Department: _____

1. Name of Covered Servicemember on covered active duty or who has been notified of an impending call to active duty, or is being deployed to a foreign country:

2. Reason for Leave: Short-notice deployment _____ Military events/Related Activities _____
Childcare/School Activities _____ Financial/Legal Arrangements _____ Counseling _____
Rest/Recuperation _____ Post Deployment Activities _____ Additional activities _____

3. Start Date of Anticipated Leave*: _____ Expected Date of Return to Work*: _____

4. Leave Will Be: Continuous _____ Intermittent _____ Reduced Schedule Leave _____

5. Type of Leave to be used (concurrently) first:

Sick _____ Vacation** _____ Compensatory _____

6. Spouse works for Metro? _____ Yes _____ No

Notes: * If dates of leave or return change, supervisor must be promptly notified.

**I currently have _____ days of accrued vacation and wish to hold back _____ vacation days from concurrent counting during my FMLA leave. (Max. of 15 days) _____ Initials.

If I seek intermittent or reduced schedule leave, I agree to consult with my supervisor in order to coordinate my leave date(s) to minimize disruption of my department's operations during my absences. _____ Initials.

Signature: _____ Date: _____

Note: Maintain original in confidential medical file and send copy to Benefit Services Department of Human Resources, 404 James Robertson Parkway, Suite 1000, Nashville, TN 37219.

Metro Nashville has developed an optional form "Certification of Qualifying Exigency for Military Family Leave" for employees' use in obtaining a certification that meets FMLA's certification requirements.