

**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, 222 Third Avenue North, Nashville, TN 37201.  
REVISED 11/7/08*

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.