

Military Exigency Leave Attestation Form

CSU's FAMLI Plan



Colorado Family and Medical Leave Insurance (FAMLI)

Employer: Colorado State University **Phone:** 970-491-6947
Address: 6004 Campus Delivery **Fax:** 970-491-6302
 555 South Howes St, 2nd Floor **Email:** HR_leave@colostate.edu
 Fort Collins, CO 80523-6004 **Website:** <https://hr.colostate.edu/colorado-famli-program/>

Section 1: Employee Information

First Name	Last Name	Date of Birth	Last 4 Digits of SSN
Address, City, State, Zip Code			
Cell number	Home number	Work Number	

Section 2: About the Military Family Member

Select the family member to you. The military Family Member is your:

- Child (of any age) Spouse Domestic Partner
- Parent or your Spouse/Domestic Partner's Parent
- Sibling or your Spouse/Domestic Partner's Sibling
- Grandparent or your Spouse/Domestic Partner's Grandparent
- Grandchild or your Spouse/Domestic Partner's Grandchild
- Person with whom the employee has a significant bond that is or is like a family relationship

Relationships include: biological, foster, adoptive, step, and *in loco parentis* relationships and the same relationships to the employee's spouse or domestic partner, if applicable.

First Name	Last Name
Address, City, State, Zip Code	

Section 3: About the Need for Qualified Exigency Leave

If approved, you may take leave for your Family Member's active-duty service or notice of an impending call or order to active-duty in the armed forces. **You must attach to this attestation** a copy of the Family Member's active-duty orders or other documentation issued by the military which indicates that the Family Member is on covered active duty or call to covered active-duty status such as official military correspondence from the military member's chain of command. For each reason checked, please submit supporting documentation or information to expedite processing your claim. We may require other reasonable information or documentation necessary to support your claim.

I need leave for the following reason(s). Check all that apply:

- Providing care or other needs of the military Family Member's Child or other Family Member
- Making financial or legal arrangements for the military Family Member.
- Attending counseling Attending military events or ceremonies
- Spending time with the military Family Member during a rest/recuperation leave or after returning from deployment.
- Making arrangements following the death of the military Family Member.
- Other activity agreed to with your employer. Please explain:

Continued on next page

Employee's Name

Date of Birth

Section 4: Dates, Duration and Frequency of Qualified Exigency Leave

Provide information concerning the amount of leave that is 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 support paid leave coverage.

If you need differing leave dates/duration/frequency due to more than one qualifying exigency, please provide the information below as to each leave reason. You may use the space below, copies of this page, or additional pages.

1. List the approximate date exigency started or will start: _____ (mm/dd/yyyy).
2. Provide your best estimate of how long the exigency will last. From: _____ (mm/dd/yyyy) to _____.

Complete items 3, 4, and/or 5 as applicable:

3. Due to a qualifying exigency, I will need to be absent from work for a continuous period of time. Provide your best estimate of how long the exigency will last. From: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).
4. Due to the qualifying exigency, I will need to be absent from work on an intermittent basis (periodically). Provide your best estimate of how often (frequency) you will need to be absent and how long (duration) each appointment, meeting or leave event will last.
 - a. From: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I will be absent
 - b. _____ times per day / week / month,
 - c. Likely lasting approximately _____ hours / days per episode.
5. Due to a qualifying exigency, I need to work a reduced schedule. Provide your best estimate of the reduced schedule you are able to work.
 - a. From: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy),
 - b. I am able to work _____ (e.g. 5 hours/day, up to 25 hours a week).
6. Use this space to provide the information requested in 3, 4, or 5 as to additional exigency leave reasons, if more than one, and/or to provide any additional supporting information:

Section 5: Employee Signature

I attest the information provided above is correct, the documentation I am providing is true and accurate, and I am in need of Qualified Exigency Leave as provided by the Colorado Family and Medical Leave Insurance Act.

Employee signature: _____ Date: _____