

(Section II continued)

Name of employee's spouse or registered domestic partner who is a member of the Armed Forces of the United States, the National Guard or the military reserve forces of the United States who has been notified of an impending call or order to active duty or who has been deployed:

(first) (middle) (last)

Period of spouse's or registered domestic partner's active duty:

Part B: Documentation

A complete and sufficient documentation to support a request for OMFLA leave must include written documentation confirming a covered military member's active duty status. Please check one of the following:

- A copy of the covered military member's active duty orders is attached.
- Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- Employee has previously provided the employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status.

Part C: Amount of Leave Requested

1. Date of notice of call to active duty or of notice of leave from active duty: _____

2. Requested dates of leave from employment:

3. Is employee requesting leave for a single continuous period of time?

Yes No If yes, estimate the beginning and ending dates for the period of absence:

4. Is employee requesting leave on an intermittent basis? Yes No

Anticipated schedule of leave (attach additional pages as needed):

Part D:

I certify that the information I provided above is true and correct.

Signature of Employee Date

Employee returns this form and required documentation listed above to the employer contact designated in Section I.

Name, address, fax number of employer