

3. Will you need to be absent from work periodically to address this qualifying exigency? ___No___Yes
If so, estimate schedule of leave, including the dates of any scheduled meetings or appointments: _____

Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event

Part C: *If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school of childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.*

Name of Individual: _____ Title: _____

Organization: _____

Address: _____

Telephone: () _____ Fax: () _____

Email: _____

Describe nature of meeting: _____

Part D

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

Signature of Employee

Date

**Return Completed Form to: Lamar University/Lamar Institute of Technology Human Resources Office
PO Box 11127 Beaumont, TX 77710 or Fax to (409) 880-7464**