



## FMLA MILITARY CAREGIVER NEXT OF KIN VERIFICATION FORM

**TO BE COMPLETED BY COVERED SERVICE MEMBER:**

I, \_\_\_\_\_, do designate \_\_\_\_\_,  
(Full Name of Covered Service Member-Please Print) (Name of Employee-Please Print)

an employee of the Cobb County School District, as my Next of Kin under the Military Caregiver Leave provisions of the Family and Medical Leave Act .

\_\_\_\_\_  
Relationship to Employee

\_\_\_\_\_  
Signature of Covered Service Member

\_\_\_\_\_  
Address of Covered Service Member

\_\_\_\_\_  
Work Phone Home Phone Cell Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

**TO BE COMPLETED BY EMPLOYEE:**

I, \_\_\_\_\_, (date of birth \_\_\_\_\_) do hereby certify that I am the designated  
(Full Name of Employee-Please Print)

Next of Kin to provide care under the Military Caregiver Leave provisions of the Family and Medical Leave Act to

\_\_\_\_\_  
(Name of Covered Service Member-Please Print)

\_\_\_\_\_  
Relationship to Covered Service Member

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Address of Employee

\_\_\_\_\_  
Work Phone Home Phone Cell Phone

\_\_\_\_\_  
Date

**Please mail completed form to:**  
**Cobb County School District, Benefits Office**  
**514 Glover Street Marietta, Georgia 30060**  
**Or Fax to: (770) 429-5809 – Fax**