



HOBBS MUNICIPAL SCHOOLS FAMILY AND MEDICAL LEAVE ACT

EMPLOYEE APPLICATION FOR BENEFITS

NAME: _____ SCHOOL CAMPUS: _____

POSITION: _____ SSN: _____

REASONS FOR TAKING LEAVE:

Unpaid leave must be granted for any of the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the employee's job and or duties.

Thirty (30) day notice is REQUIRED unless leave is "unforeseeable"

As an employee of the Hobbs Municipal Schools, I would like to apply for UNPAID Family & Medical Leave Benefits for _____ days (max of 12 weeks/60 calendar days). Requirements must be met.

Physician's Name: _____

Address: _____ Phone: _____

Nature of Family/Medical Leave:

Beginning Date of Leave: _____ Anticipated Date to Return to Work: _____

Will use Available Sick Leave Days: ☐ YES ☐ NO

Numbers of Days: All ____ or ____

Employee's Signature

Date

Approved____ Denied____

Assistant Superintendent of Human Resources

Date

Federal Family & Medical Leave Act: An employee on approved Federal Family and Medical Leave may continue to participate in all phases of the group insurance as long as the employee continues to pay his/her share of the premium. The Board will continue to pay their portion of the premium if the employee's portion is continued.