

**HOBBS MUNICIPAL SCHOOLS FAMILY AND MEDICAL LEAVE ACT
EMPLOYEE APPLICATION FOR BENEFITS**

NAME: _____ SCHOOL: _____

POSITION: _____ SS#: _____

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; or
- for a serious health condition that makes the employee unable to perform the employees job.

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 and Medical Leave Benefits for _____ weeks (max. 12 weeks). (Requirements must be met).

PHYSICIAN'S NAME: _____

ADDRESS: _____ PHONE: _____

NATURE OF FAMILY / MEDICAL LEAVE: _____

BEGINNING DATE OF LEAVE: _____

ANTICIPATED DATE TO RETURN TO WORK: _____

Employee's Signature Date

As of : _____ Sick Days: _____ Personal Days: _____ United Way: _____

Stop Contract Date: _____ SLB Member: Yes No Applied for SLB: Yes

APPROVED

DENIED

Assistant Superintendent for Human Resources Date

An employee on approved FMLA 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. If you do not have enough days available for FMLA, your contract will be stopped to keep from docking days. To maintain the insurance, the employee will need to make the both the missing district contribution and his/her share.