

**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

_____ APPROVED

_____ DENIED

Assistant Superintendent for Human Resources

Date