

**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".**

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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

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\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

\_\_\_\_\_

Assistant Superintendent for Human Resources

\_\_\_\_\_

Date