



LEAVE REQUEST

Type of Leave Requested: FMLA: _____ Extended Medical Leave: _____

Name: _____ ID#: _____ Position: _____

Home Address: _____

Work Location: _____ Home Phone: _____ Cell Phone: _____

Request is for: Self _____ To care for family member _____ Childbirth/Adoption/Placement _____

Anticipated dates of Leave: **A DOCTOR'S NOTE MUST BE ATTACHED**

From: _____ Through: _____

_____ I wish to retain seven (7) days of sick leave from available leave. **(Does not apply if approved for sick leave bank)**

NOTE: If leave is granted, it is the employee's responsibility to notify the Personnel Office at least one week prior to your return to work.

When Family and Medical Leave is needed to care for a seriously-ill family member, the employee shall state the care he or she will provide at the time period during which this care will be provided. A doctor's note must accompany this request.

I certify that I understand, agree to, and meet the requirements and conditions of the Family and Medical Leave Act of 1993. I authorize the appointing authority to obtain any necessary information regarding my request for family and medical leave.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____

Payroll Signature: _____

Insurance Signature: _____

Personnel Signature: _____

FOR PAYROLL USE ONLY

OF SICK LEAVE HOURS: _____

OF PERSONAL LEAVE HOURS: _____

OF VACATION LEAVE HOURS: _____



LOS LUNAS SCHOOLS

PERSONNEL OFFICE

P.O. Drawer 1300

Los Lunas, New Mexico 87031

Phone: (505) 865-9636

Fax: (505) 866-2459

FMLA and Medical Leave Contract Payment Notification

Employee Name: _____ Date: _____

Employee Number: _____

Please be advised that in the event that you do not have enough paid leave to cover your absence from the Los Lunas Schools, you will receive a "Days Off Contract" adjustment. This means that Payroll will count the number of days that you will not be at work. Your contract will be adjusted to reflect the number of days absent from work that are not covered by paid leave. This will mean that your pay will reflect a reduced annual amount for the remainder of the contract year. A copy of the changes that will be made to your contract amount will be sent to you for your records.

If you are a 244-day employee and you are on leave between contract, the new contract will not be generated until you return to work. Sick leave days will not be given until the employee returns to work. A "Days Off Contract" will be generated and signed upon return to work.

For example, a 244-day employee is out on leave from June 10th to July 30th. This employee would not be given sick leave days to use in advance. Once this employee returns to work, a "Days Off Contract" will be generated and sick leave days will then be given.

Signature: _____ Date: _____