



Port Neches-Groves Independent School District  
776 Magnolia Ave.  
PORT NECHES, TEXAS 77651  
(409) 722-4244 ext. 1725

APPLICATION FOR LEAVE OF ABSENCE  
FAMILY AND MEDICAL LEAVE ACT

To: Becky Romero Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employed as: \_\_\_\_\_ at \_\_\_\_\_  
(Position) (Campus)

In accordance with the policy adopted by the Board of Trustees of the Port Neches-Groves Independent School District, I hereby request that I be granted a leave under the Family and Medical Leave Act of 1993 for the following reason:

Check (✓) one

- \_\_\_\_\_ Birth of a son or daughter and to care for the newborn child
- \_\_\_\_\_ For placement of a son or daughter for adoption or foster care
- \_\_\_\_\_ To care for spouse, son, daughter, or parent with a serious health condition
- \_\_\_\_\_ A serious health condition that makes it unable for me to perform the functions of my job
- \_\_\_\_\_ Other \_\_\_\_\_

Requested date of beginning of leave: \_\_\_\_\_

In accordance of the Act, this leave is requested for a period of \_\_\_\_\_

This leave is requested to end on or about \_\_\_\_\_

\_\_\_\_\_  
Signature

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.