



**WNMU APPLICATION FOR FAMILY AND MEDICAL LEAVE**

**NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**START DATE OF ANTICIPATED LEAVE:** \_\_\_\_\_

**EXPECTED DATE OF RETURN TO WORK:** \_\_\_\_\_

**REASON FOR LEAVE (EXPLAIN):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** *An employee requesting leave for the employee's serious health condition or the serious health condition of the Employee's spouse, child, or parent must submit a verifying medical certification from a physician within 15 Days of application for leave. Employee's son or daughter as stated in the FMLA; must be under 18 years of age, or 18 years of age or older and incapable of self-care to mean that the individual requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living" (ADLs) or "instrumental activities of daily living." ADLs include bathing, dressing, cooking, eating, shopping, paying bills, using telephones and taking public transportation. Medical certification is required for spouse, son, daughter or parent.*

I hereby authorize a health care provider or benefits specialist representing Western New Mexico University to contact my physician to verify the reason for my requested family and medical leave. I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Western New Mexico University. You will be required to present a fitness-for-duty certificate from your doctor prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until the certification is provided.

\_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_  
**SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_\_  
**PAYROLL** \_\_\_\_\_ **DATE** \_\_\_\_\_