Applying for Catastrophic Extended Leave of Absence
(Only for Employees Not covered by a Negotiated Agreement)

**EMPLOYEE**
- Notifies Principal/Supervisor of dates for Leave of Absence
- Completes Form A
- Completes Catastrophic Leave Application-Recipient
- Gives Health Care Provider appropriate medical form

**HEALTH CARE PROVIDER COMPLETES APPROPRIATE FORM**
- Employee-Certification of Heath Care Provider
- Family-Certification of Health Care Provider
- WH384—Qualifying Exigency
- WH385—Military Family Member

**EMPLOYEE**
- Returns original completed forms to Leaves Office 30 days prior to extended leave start date
  - In Person:
    6400 Uptown Blvd. NE
    Suite 210 East Tower
  - By mail:
    HR-Leaves Office
    P. O. Box 25704
    Albuquerque, NM 87125

**LEAVES OFFICE**
- Processes and mails approved/denied leave letter to employee’s home address
- Copy sent to Principal/Supervisor

**PRINCIPAL/SUPERVISOR/SECRETARY**
- Applies correct Leave of Absence Codes to Payroll reporting
- Tracks FMLA Usage

**EMPLOYEE**
- Returns Letter of Intent at the appropriate time
- Calls to schedule an afternoon reinstatement appointment
- Provides Medical Clearance to Leaves Office at end of leave to reinstate to active duty

**QUESTIONS**
- Extended.Leaves@aps.edu
- (A-L) 889-4886
- (M-Z) 889-4865