Applying for Care of a Family Member Leave

**EMPLOYEE**
- Notifies Principal/Supervisor of dates for Extended Leave of Absence
- Completes Form A
- Gives Health Care Provider appropriate medical form
- Secures Substitute, if required

**HEALTH CARE PROVIDER**
- Completes Appropriate Form
  - 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 for Payroll reporting
- Tracks FMLA Usage

**EMPLOYEE**
- Returns the Letter of Intent at the appropriate time
- Calls to schedule an afternoon reinstatement appointment

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