Applying for Intermittent Medical 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**
- Employee—Certification of Health 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**
- Tracks FMLA Usage
- Applies correct Leave of Absence Codes for Payroll reporting
- Returns completed tracking log to Leaves Office at end of leave

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