

## Form A--Application for Extended Leave

**Extended leaves are those expected to last more than 3 consecutive working days.** You must notify the APS Human Resources Extended Leaves Office **at least thirty (30) days prior to the commencement** of your extended leave of absence. Union contract and applicable Federal and State law govern these leaves. Your eligibility for leave will be determined after receiving this form and all relevant supporting documentation. Your leave **will not** be **accepted** until complete. You will be notified of your leave status by mail.

### Leave Information -- Print Legibly

Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City, Zip \_\_\_\_\_ Site Supervisor: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Site Payroll Person: \_\_\_\_\_  
Loc. # \_\_\_\_\_ Location Name: \_\_\_\_\_

Do you qualify for Sick Leave Bank?  Yes  No Is this a continuation from Sick Leave Bank?  Yes  No

**If you need to apply for Sick Leave Bank...STOP!**

**If you intend to apply for Sick Leave Bank benefits, complete the SLB Application and SLB Physician's Statement**

#### Period of Leave Requested

Requested Leave Start Date: \_\_\_\_\_ Expected Return to Work Date: \_\_\_\_\_

#### Type of Leave You Are Requesting

- |   |   |
|---|---|
| <input type="checkbox"/> Advance Study Leave (Unpaid)         | Form A and letter of acceptance, class schedule, and grades for prior semester, (if applicable)   |
| <input type="checkbox"/> Assault Leave                        | Form A and police report, and health care provider certification, employees also complete First Report of Injury and contact Risk Management at 830-8466                        |
| <input type="checkbox"/> Domestic Violence Leave              | Form A and legal documentation  |
| <input type="checkbox"/> Illness in the Immediate Family      | Form A and Family-Certification of Health Care Provider   |
| <input type="checkbox"/> Injury or Illness of Military Member | Form A and WH385  |
| <input type="checkbox"/> Intermittent Leave                   | Form A and Employee or Family-Certification of Health Care Provider   |
| <input type="checkbox"/> Medical Leave                        | Form A and Employee-Certification of Health Care Provider   |
| <input type="checkbox"/> Military Service Leave               | Form A and military orders or commander's letter  |
| <input type="checkbox"/> Parental Leave (Birth of a child)    | Form A and Employee-Certification of Health Care Provider   |
| <input type="checkbox"/> Parental Leave (Non-Birth Only)      | Form A and Family-Certification of Health Care Provider, child's birth certificate, or legal documentation of adoption or foster placement (documentation depends on situation) |
| <input type="checkbox"/> Part-time Leave                      | Form A and Statement Page (A Schedule Only--no supervisor signature required)   |
| <input type="checkbox"/> Personal Leave (Unpaid)              | Form A and Statement Page signed by supervisor<br>(A, B, G/H Schedule employees do not need supervisor signature)   |
| <input type="checkbox"/> Political                            | Form A and confirmation of appointment  |
| <input type="checkbox"/> Qualifying Exigency                  | Form A and Form WH 384  |
| <input type="checkbox"/> Union Leave                          | Form A and name of Union you will represent _____   |

**Medical Release will be required to reinstate from medical leave.**

Refer to the Negotiated Agreement and/or Leaves Specialist regarding the use of available paid leave. **For Medical Leave** (for your *own* illness or injury), the district will exhaust all your available leave balances. Your available leave will be used in this order: sick leave, personal days, and annual leave. In qualifying circumstances, employees requesting extended leave will be able to use their available balances that have accrued up until the start of the leave. Absences balances will cease to accrue once an employee is in an unpaid status.

For **Illness in the Immediate Family Leave**, the district will exhaust your Sick leave accrual, personal leave, and annual (if available). After these accruals are exhausted, the remainder of your leave will be unpaid.

Sign this form. Attach appropriate documentation. Return this packet to Extended Leaves Office in person or by US Mail. PO Box 25704, Albuquerque, NM 87125-0704. If you have questions, please contact the Leave Specialist at **889-4808 (A-L)** or **889-4865 (M-Z)**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date