

**NEW MEXICO JUDICIAL BRANCH
GENERAL PERSONNEL POLICY AND PROCEDURE**

Reference NMJBPR & NMJBPAWE 5.10;
The Family and Medical Leave Act of 1993; Policy Revised October 2009
Title 29, Chapter V of the Code of Federal Regulations, CFR 825.

**FMLA REQUEST
FORM**

(Submit completed form to your Human Resources Representative.)

EMPLOYEE INFORMATION

Name: _____ Work # _____ Home # _____
Date of Request: _____ Job Title: _____
Employee ID: _____ Full time/Part time: _____
Supervisor: _____ Judicial Entity: _____

EMPLOYEE ELIGIBILITY

Date of hire with State of New Mexico: _____ #of hours worked over the previous 12 months: _____

LEAVE ENTITLEMENT REQUESTED *(Forms associated with FML requests can be found on the Department of Labor web site or the NM Judicial Branch web site.)*

I hereby request _____ hours of family medical leave for one of the following purposes:

- Expectant mother's prenatal care or pregnancy related incapacity, or the spouse or domestic partner caring for an expectant mother.
- The birth of my child, and/or to care for the newborn child.
- The placement of a child within my home for adoption or foster care.
- Because of my own serious health condition. *Attach WH-380E Certification of Health Care Provider for Employee's Serious Health Condition form.*
- To provide care for an immediate family member or domestic partner who has a serious health condition. *Attach WH-380F Certification of Health Care Provider for Family Member's Serious Health Condition form.*

Name: _____ Relationship to employee: _____

- Qualifying exigency for a covered military member on active duty in support of a contingency operation. *Attach WH-384 Certification of Qualifying Exigency for Military Family Leave form.*

Name: _____ Relationship to employee: _____

- Military Caregiver Leave. *Attach WH-385 Certification of Serious Injury or Illness of Covered Servicemember for Military Family Leave*

I hereby request _____ hours of military/servicemember family leave: _____

Name: _____ Relationship to employee: _____

The period of FML or servicemember family leave requested is to be taken (May be adjusted as needed.):

- In a continuous block of time from _____ to _____
- On a reduced leave schedule from _____ to _____
- Intermittently. Please describe, to the best of your ability, when the leave will be taken: _____

Please describe the work schedule you are requesting: _____

INSURANCE BENEFITS

- I understand that I will be responsible for continuing to pay my portion of the insurance premiums to maintain health insurance benefits or supplemental insurance coverage (29CFR 825.210).
- The employee may maintain benefits coverage by utilizing paid leave status or by prearranged payment of benefits.
- Payments are to be submitted to your HR representative based upon the prearranged and agreed upon schedule.
- The employer may recover premiums it paid to maintain health coverage for an employee who fails to return to work from FML.

A. Health Benefits - Do you wish to continue your health insurance (including basic life) and/or dental and vision insurance benefits during any unpaid absence on family and medical leave?

Yes (I understand that I will be responsible for continuing to pay my portion of the insurance premiums.

No I understand that although I am cancelling my health insurance (health insurance includes basic life insurance and may include dental and/or vision insurance) I may re-enroll at the same benefit level upon my return from FML. *Attach State of New Mexico Enrollment/Change Form.*

B. Other Insurance Benefits - Do you wish to continue your other insurance benefits (supplemental life and/or legal insurance) during any unpaid absence on FML?

Yes I understand that I will be responsible for continuing to pay for my insurance premiums and that if payments are not made timely, my insurance coverage will be cancelled.

No I understand by cancelling my supplemental life insurance and/or legal insurance benefits at this time, that the insurance carriers may not allow me to re-enroll upon my return from family and medical leave or I may be subject to the carriers' underwriting requirements. (Check all boxes that apply.)

Family Medical Leave Policy & Forms

Inquiries: Administrative Office of the Courts, Human Resources Division

827-4937 or 827-4810

Distribution: All Employees of the Judicial Branch

Retain Until Superseded: Rev: 5/1/07; 10/26/09

Attach State of New Mexico Enrollment/Change Form.

REQUIRED SUBSTITUTION OF PAID LEAVE WHILE ON FML

- Accrued Leave - An employee must use accrued annual, sick, personal day, accrued administrative compensatory or compensatory time to cover FML absences and this paid leave will count against the FML entitlement.
- Leave Without Pay - If an employee does not have sufficient paid leave to cover the entire FML absence, he or she may combine leave without pay with paid leave for the purposes of balancing his or her income needs with the need for an FML absence; provided all accrued leave is used before the employee returns from FML.
- Annual Leave Donations - An employee may request and receive donated annual leave pursuant to the policy while on FML. Any leave credited to an employee from this program must be used to cover the absence on FML and will count against the FML entitlement. *Attach a Request for Donation of Annual Leave Form.*
- Workers' Compensation - When an employee is receiving Workers' Compensation benefits (pay), the employee may not request nor be required to use paid leave under the FMLA during any portion of the absence covered by the Workers' Compensation payments.

EMPLOYEE ACKNOWLEDGMENT

I, _____ have received a copy of the NM Judicial Branch Family and Medical Leave Act Policy, and confirm that the information provided herein is correct, accurate and complete (necessary completed certification forms are attached).

HUMAN RESOURCES REPRESENTATIVE SECTION

FMLA Request Form and Certifications are complete - Yes or No.

HR NOTES: _____

WH-381 Notice of Eligibility and Rights & Responsibilities (Employers to provide employees with notice of their eligibility for FMLA. Must be provided to the employee within five (5) business days of employee notification.)

WH-382 Designation Notice (Employer determination of employee leave covered under the FMLA.)

cc: Judicial Branch Administrative Authority; Employee Personnel File

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