



Port Neches-Groves Independent School District
620 Avenue C
PORT NECHES, TEXAS 77651-3092
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bromero@pngisd.org

Becky Romero, Administrative/Benefits Secretary

APPLICATION FOR LEAVE OF ABSENCE

FAMILY AND MEDICAL LEAVE ACT

To: Becky Romero, Adm/Benefits Secretary Date: _____

Employee Name: _____

Employed as: _____ at _____
(Position) (Campus)

In accordance with the policy adopted by the Board of Trustees of the Port Neches-Groves Independent School District, I hereby request that I be granted a leave under the Family and Medical Leave Act of 1993 for the following reason:

Check (✓) one

- _____ Birth of a son or daughter and to care for the newborn child
- _____ For placement of a son or daughter for adoption or foster care
- _____ To care for spouse, son, daughter, or parent with a serious health condition
- _____ A serious health condition that makes it unable for me to perform the functions of my job

Requested date of beginning of leave: _____

In accordance of the Act, this leave is requested for a period of _____

This leave is requested to end on or about _____

Signature