



Port Neches-Groves Independent School District
620 Avenue C
PORT NECHES, TEXAS 77651-3092
(409) 722-4244 ext. 1703 fax (409) 729-4817
treinholt@pngisd.org

Tracy Reinholt, Benefits Specialist

APPLICATION FOR LEAVE OF ABSENCE
FAMILY AND MEDICAL LEAVE ACT

To: Tracy Reinholt, Benefits Specialist 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

AGREEMENT: By typing my name above, I agree that this will become my electronic signature and is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.