



Benefit Services

MSC 3HRS
New Mexico State University
PO Box 30001
Las Cruces, NM 88003-8001
Phone: (575) 646-8000
Fax: (575) 646-2806

Declaration of Relationship

This form should be submitted when the employee submits the Certification Health Care Provider for Family Member’s Serious Health Condition.

- Fax: 575-646-2806
- Interoffice Mail: MSC 3 HRS
- Postal Mail: PO Box 30001, MSC 3 HRS, Las Cruces, NM 88003
- Hand Deliver: Hadley Hall Room 17
- Email: fmla@nmsu.edu (NMSU does not have a secure e-mail server)

Aggie ID: _____

Employee Name: _____

I am requesting FML to care for: _____

who is my: _____ and has a serious health condition.
[specify relationship with the employee]

Leave may be taken to care for the employee’s spouse, domestic partner, child or parent.

Please note:

- “Spouse” means a husband or wife as defined or recognized in the state where the individual was married and includes individuals in a same-sex marriage or common law marriage. Spouse also includes a husband or wife in a marriage that was validly entered into outside of the United States if the marriage could have been entered into in at least one state.
- Qualified Domestic Partner means two individuals who have satisfied the requirements reflected in the “Affidavit of Domestic Partnership” available on NMSU Benefit Services website.
- “Child” means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability” at the time that FMLA leave is to commence.
- “Parent” means a biological, adopted, step, or foster father or mother, or any other individual who stood *in loco parentis* to the employee when the employee was a child.
- “Parent” does not mean a parent-in-law.

I certify that the foregoing is true.

Signature

Date