



Benefit Services
P.O. x 30001 MSC 3HRS
Las Cruces, NM 88003-8001
Phone: (575) 646-8000
Fax: (575) 646-2806

Declaration of Relationship

This form should be submitted when submitting the Certification of Qualifying Exigency for Medical Family Leave (form WH-384).

- 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 Military FMLA for foreign deployment of: _____

who is my: _____.
[specify relationship with the employee]

Leave may be taken for a qualifying exigency arising out of the foreign deployment of the employee's spouse, qualified domestic partner, son, daughter, or parent.

Please note:

- Qualified Domestic Partner means two individuals who have satisfied the requirements reflected in the "Affidavit of Domestic Partnership" available on NMSU Benefit Services website.
- "Son or daughter" means biological, adopted, foster child, stepchild or legal ward of the employee or domestic partner.
- "Son or daughter" also means a child to whom the employee stands in loco parentis, meaning that the employee has day-to-day responsibilities to care for or financially supports the child.
- "Parent" means a biological, adopted, step, or foster parent or a person who stood *in loco parentis* to the employee when the employee was a son or daughter.
- "Parent" does not mean a parent in law.

I certify that the foregoing is true.

Signature

Date