

The University of New Mexico – Los Alamos Campus Leave Request Form

Employee Information

Name:	Signature:
UNM ID #:	Date Submitted: Click here to enter a date.

Dates/Times of Absence

Date: Click here to enter a date.	From (Time):	To (Time):	Total Hours:
Date: Click here to enter a date.	From (Time):	To (Time):	Total Hours:
Date: Click here to enter a date.	From (Time):	To (Time):	Total Hours:
Date: Click here to enter a date.	From (Time):	To (Time):	Total Hours:
Date: Click here to enter a date.	From (Time):	To (Time):	Total Hours:

Type of Leave

<input type="checkbox"/> Annual	<input type="checkbox"/> Administrative	<input type="checkbox"/> Board of Commission
<input type="checkbox"/> Sick	<input type="checkbox"/> Military	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Compensatory	<input type="checkbox"/> Court or Jury	

Recommendation for Approval

<input type="checkbox"/>	<input type="checkbox"/>	Supervisor:	Date:
Yes	No		Click here to enter a date.
<input type="checkbox"/>	<input type="checkbox"/>	Department Head:	Date:
Yes	No		Click here to enter a date.