

NORTHERN NEW MEXICO COLLEGE
FACULTY LEAVE REQUEST FORM

Full Name: _____
Print Clearly

Banner ID #: _____
Print Clearly

Pay Period _____ Time Frame: (for current pay period only, 1-15 or 16-31, do not cross pay periods)

Beginning Date _____ Time _____ Ending Date _____ Time _____

Beginning Date _____ Time _____ Ending Date _____ Time _____

Total Hours Requested _____

Type of Leave:

Sick (Personal) _____ Sick(Illness) _____ Annual _____ N/A _____
[Policy XI.A.2.]

Sick (Family) _____ Bereavement _____ Administrative* _____
XI.A.3
[Relationship to Deceased _____]
Immediate Family defined Policy II.B.4
Policy XI.A.6,7,9,10

Sick (Illness) or Sick (Family) beyond 3 work days may require a Physician's Statement of verification.
Policy XI.A.1

Requested By: _____ Date: _____

Approved By: _____ Date: _____

* Administrative Leave description: _____