

# NORTHERN New Mexico College



## STAFF LEAVE REQUEST FORM

(Must Accompany Time Sheet If Applicable)

Employee Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

**\*Please Note: Do not cross pay periods, you Must feel out a separate leave request if leave falls within two separate pay periods.**

**Dates of Absence:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Total Hours Requested: \_\_\_\_\_

**Type of Leave:**

Annual: \_\_\_\_\_ Comp Leave: \_\_\_\_\_ Leave Without Pay: \_\_\_\_\_

Sick (Personal): \_\_\_\_\_ Sick (Illness): \_\_\_\_\_ Sick (Family): \_\_\_\_\_

[Policy VI.B.2.f]

Sick (Illness/Family) beyond 3 work days may require a Physicians statement of verification. Policy VI.C.I

Bereavement: \_\_\_\_\_

**\*Immediate Family defined  
Policy III.J.I**

\*Relationship to Deceased: \_\_\_\_\_

Administrative: \_\_\_\_\_

Administrative Leave Description: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Print

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Print