NORTHERN NEW MEXICO COLLEGE

FACULTY LEAVE REQUEST FORM

Full Name: ___________________________ Banner ID #: ___________________________

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 Policy XI.A.6,7,9,10
  [Relationship to Deceased Immediate Family defined Policy II.B.4]

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: ___________________________