



WESTERN NEW MEXICO UNIVERSITY
HUMAN RESOURCES DEPARTMENT

Regular Staff/Faculty (11-12 month)
Leave Request

Name: Department:

Title: Annual Leave Sick Leave Other
(Please do not combine more than one type of leave on the same form)

I request days/hours Beginning: Ending:

List each date with total hours taken: Date Hours Used: Date Hours Used: Date Hours Used:

Remarks:

I certify the request presented in this form application to be true and accurate to the best of my knowledge. Any vacation or sick taken by me and exceeding my accrual is subject to Leave Without Pay (LWOP).

Date: Employee's Signature:

Approved Disapproved Supervisor's Signature Date

Remarks:

Payroll: Send Original



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