Leave Request

Employee Name:_____   **Date of Request:**_____

Check Type of Leave Requested: **Total Hours**   **FMLA**

☐Annual   ☐Sick   ☐LWOP*   _____ _____ Through _____ _____   _____
                                          Date   Time   Date   Time

☐Annual   ☐Sick   ☐LWOP*   _____ _____ Through _____ _____   _____
                                          Date   Time   Date   Time

☐Annual   ☐Sick   ☐LWOP*   _____ _____ Through _____ _____   _____
                                          Date   Time   Date   Time

Other _____ _____ _____ Through _____ _____   _____
                                          Date   Time   Date   Time

Comments:_____

EMPLOYEE: **SUPERVISOR**:

_____   _____
Signature   Signature

*Leave Without Pay   Date:_____ ☐ Approved ☐ Declined
                                                       Reason Declined:_____

UNM VALENCIA