

**THE UNIVERSITY OF NEW MEXICO
REQUEST FOR EXTENDED SICK LEAVE**

Date: _____

TO: The President of the University of New Mexico
(Forwarded through administrators shown below)

FROM: _____
Name Signature Banner ID

Title Department

Extended Sick Leave is requested for (list dates):

Tenure Clock: to stop continue during Extended Sick Leave (attach justification memo if clock to continue)

The Reason for this request is:

RECOMMENDATIONS:

_____ Department Chair	_____ Date	APPROVED DENIED
_____ Dean	_____ Date	APPROVED DENIED
_____ Associate Provost	_____ Date	APPROVED DENIED
_____ Provost	_____ Date	APPROVED DENIED

PRESIDENT'S ACTION:

_____ President	_____ Date	APPROVED DENIED
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Reference and Instructions:

- Please see Policy C-210 of the Faculty Handbook
- Please forward original form and one set of attachments through appropriate administrators; copies of this form will be distributed to applicant and administrators after the President's action.