

**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:

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

PRESIDENT'S ACTION:

_____	_____	APPROVED
President	Date	DENIED

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.