

The University of New Mexico
REQUEST FOR PARENTAL LEAVE

NAME: _____ DATE: _____

RANK: _____ BANNER ID: _____

DEPARTMENT: _____ DEPT. ORG: _____

DATES OF LEAVE: _____ TENURE DATE*: _____

*IF UNTENURED, DURING LEAVE PERIOD TENURE CLOCK: WILL STOP ___ WILL CONTINUE ___

IS SPOUSE TAKING LEAVE*? _____ DATES OF SPOUSAL LEAVE: _____

*attach spousal leave request

FACULTY SIGNATURE: _____ DATE: _____

COMPENSATION DURING LEAVE PERIOD:

UNM SALARY: FULL PAY ___ 1/2 PAY* ___

*1/2 pay if spouse is also taking leave each will be reimbursed at one-half of their usual salary

Will FMLA* also be requested? _____

*Please refer to Policy 3440 "Family Medical Leave", UBP

ADDITIONAL DOCUMENTATION:

ALL LEAVE REQUESTS MUST BE ACCOMPANIED BY A **DEPARTMENTAL PLAN** FOR COVERING FACULTY MEMBER DUTIES DURING PERIOD OF LEAVE FROM THE CHAIR

PATERNAL LEAVE: SUMMARY MEMO FROM FACULTY MEMBER REGARDING REASON FOR REQUEST, JUSTIFICATION OF CONTINUATION OF TENURE CLOCK (IF APPLICABLE), STATEMENT OF COMPENSATION TO BE RECEIVED (IF APPLICABLE) IF FMLA IS BEING REQUESTED PLEASE ATTACH COPY OF REQUEST

DEPARTMENT CHAIR: _____ DATE: _____ APPROVED ___ DENIED ___

COLLEGE DEAN: _____ DATE: _____ APPROVED ___ DENIED ___

ASSOCIATE PROVOST: _____ DATE: _____ APPROVED ___ DENIED ___

PROVOST: _____ DATE: _____ APPROVED ___ DENIED ___

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