

**THE UNIVERSITY OF NEW MEXICO  
REQUEST FOR LEAVE WITHOUT PAY**

Date: \_\_\_\_\_

TO: **Provost, University of New Mexico**

FROM: \_\_\_\_\_  
(Please Print Name) (Signature)

**Banner ID Title Department**

Leave without pay is requested for the following dates: \_\_\_\_\_

The reason for the request is:

It is \_\_\_\_\_ is not \_\_\_\_\_ my plan to accept appointments as a faculty member, visiting lecturer or research professor at another school or university. (If foregoing statement is positive, please attach materials explaining the period of time and other arrangements)

**It is to be understood that if tenure has not been attained, a leave of absence without pay will normally extend the probationary period and faculty member will remain at the tenure code as noted on current faculty contract until full time service resumes.**

**RECOMMENDATIONS:**

_____	_____	Approved
Chairperson (Attached is a departmental plan for covering faculty member's duties while on leave.)	Date	Denied
_____	_____	Approved
Dean	Date	Denied
_____	_____	Approved
Associate Provost for Academic Affairs	Date	Denied
_____	_____	Approved
Provost or VP for Health Sciences Center	Date	Denied

- Policies and Procedures are found in the Faculty Handbook, C280
- If faculty member desires that tenure time not be extended due to this leave, a memo of justification **must** be attached.
- **Leave Without Pay will affect your benefits and retirement. It is the responsibility of the faculty member to contact Benefit Office.**