



DATE SUBMITTED

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE SIGNATURE

UNM ID NUMBER

DATES/TIMES OF ABSENCE

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE:

FROM (TIME):

TO (TIME):

TOTAL HOURS:

ANNUAL

SICK

COMP

ADMIN

MILITARY

COURT/JURY DUTY

BOARD OF COMMISSION

OTHER

2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE:

FROM (TIME):

TO (TIME):

TOTAL HOURS:

ANNUAL

SICK

COMP

ADMIN

MILITARY

COURT/JURY DUTY

BOARD OF COMMISSION

OTHER

3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE:

FROM (TIME):

TO (TIME):

TOTAL HOURS:

ANNUAL

SICK

COMP

ADMIN

MILITARY

COURT/JURY DUTY

BOARD OF COMMISSION

OTHER

RECOMMENDATION FOR APPROVAL

YES

NO

SUPERVISOR

DATE

YES

NO

DEPARTMENT HEAD

DATE