

UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE  
DEPT. OF BIOCHEMISTRY & MOLECULAR BIOLOGY  
MONTHLY STAFF LEAVE REQUEST

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

LEAVE REQUESTED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

	<u>DAYS</u>	<u>HOURS</u>
<u>ANNUAL:</u>	_____	_____
<u>SICK:</u>	_____	_____

Please turn this form in by the end of the month