## DEPARTMENT OF EMERGENCY MEDICINE
## FACULTY ANNUAL & PROFESSIONAL LEAVE REQUEST FORM

**FACULTY NAME:** _____  **DATE:** _____

**Option 1:** Requesting specific dates of leave for travel/vacation/etc. _**IS**_ requesting reduction of shift equivalent total for the month. Each 7 days off will use 40 hrs of annual leave balance. Provide specific dates below for the purpose of scheduling. *Requests must be made at least three months prior to the first day of the leave month.*

**Option 2:** Requesting specific dates of leave for travel/vacation/etc. _**NOT**_ requesting reduction of shift equivalent total for the month. Each 7 days off will use 40 hrs of annual leave balance. Provide specific dates below for the purpose of scheduling. *Requests must be made before the deadline for schedule requests for that month.*

**Option 3:** Requesting use of annual leave balance but NOT requesting specific dates off on the schedule. This is typically used if a faculty member is nearing the maximum of annual leave (252 hrs) or if the faculty member wants to use annual leave to make up for a negative balance in the shift bank. Please provide number of hours requested below. *Specific dates are not required.*

**Option 4:** Requesting specific dates of Professional leave. _**Will NOT**_ reduce shift equivalent total for the month*.* (10 days per year, prorated by FTE. This is typically used to attend meetings, conferences, or when engaged in other professional activities. The number of faculty taking professional leave in a given month is limited. Requests are prioritized on the order of date received in Chair's office. Annual leave requests will take precedence over professional leave requests. *Requests must be made at least three months prior to the first day of the leave month. Specific dates are required*.

*Type of Leave Request: (Check applicable box):*

**Option 1**
A/L (Vacation/Out of Town (Dates)

**Option 3**
A/L for leave balance reduction (# of hrs)

**Option 2**
A/L-no SE reduction (Dates)

**Option 4 – Professional Leave**
 P/L    (# of days)  Dates    _____

DATES OF LEAVE (for scheduling purposes):_____To _____

TOTAL HOURS REQUESTED (for payroll and shift reduction calculation): _____

Notes: **1.** If leave falls at the end of one month and the beginning of another, you must submit two forms, one for each month. **2.** UNM defines 7 days off as 40 hours of annual leave.

_____   _____
ATTENDING SIGNATURE                     DATE

**FOR OFFICE USE ONLY**

**VERIFICATIONS:**

| | | | |
|---|---|---|---|
| LEAVE BALANCE VERIFIED? | Choose (Yes or No) | DATE:_____ | INITIALS: _____ |
| SCHEDULER APPROVAL? | Choose (Yes or No) | DATE:_____ | INITIALS: _____ |

_____   _____
DEPARTMENT CHAIR SIGNATURE          DATE

APPROVED                          DENIED