



REQUEST FOR EXTENDED SICK LEAVE

Date:

Name:

Rank:

UNM ID:

Department:

Extended Sick Leave is requested for the following dates: _____

The faculty member requesting Extended Sick Leave must submit the applicable Family Medical Leave Act (FMLA) Medical Certification form to the Office for Academic Personnel at faculty@unm.edu.

FMLA Medical Certification form is available at: <https://hr.unm.edu/benefits/fmla>

FOR PROBATIONARY FACULTY: CURRENT TENURE DATE: _____

Extended sick leave will normally extend the probationary period.

Tenure Clock: to stop continue during extended sick leave (attach justification memo if clock is to continue)

Faculty Signature

Date

RECOMMENDATIONS:

Department Chair

Date

Approved

Denied

Approved

Dean/Designee

Date

Denied

Approved

Branch Chancellor (if Applicable)

Date

Denied

Approved

Provost/Designee

Date

Denied

Approved

President (if Applicable)

Date

Denied

Policies and Procedures:

- Faculty Handbook: C210 Sick Leave (<https://handbook.unm.edu/c210/>)
- Unit 1 Collective Bargaining Agreement: Article 9, Section C (<https://provost.unm.edu/faculty-unionization/docs/collective-bargaining-agreement-unit-1.pdf>)
- University Administrative Policy: 3440 Family and Medical Leave (<http://policy.unm.edu/university-policies/3000/3440.html>)

OAP Use Only

Notes for HRTC

Effective Date .

End Date

Job Change Reason FEXSL - Faculty Extended Sick Leave