

COMMISSION/ADMINISTRATION
 (575) 437-7427
 FAX (575) 443-2904
 886-986-8376



State of New Mexico
County of Otero

1101 NEW YORK AVE.
 ALAMOGORDO, NM 88310-8935

NAME _____

DATE _____

APPLICATION FOR LEAVE

<i>Type of Leave</i>	<i>Beginning Date</i>	<i>Ending Date</i>	<i>Total Hours</i>
Administrative			
Annual			
Business			
Court or Jury			
Emergency			
Military			
Sick			
PURPOSE			
	Bereavement		
	Sick/Medical/dental/optical examination of requested employee		
	Sick/Medical/dental/optical examination of family member		
	Other:		

APPROVED ABSENCE

<i>Type of Leave</i>	<i>Beginning Date</i>	<i>Ending Date</i>	<i>Total Hours</i>
Leave without pay			
Other			

CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with the county's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including dismissal.

 SIGNATURE OF EMPLOYEE

 Date

CIRCLE ONE: APPROVED DISAPPROVED

 SIGNATURE OF ELECTED OFFICIAL/DEPARTMENT SUPERVISOR

 Date