



Northwest Regional Education Cooperative

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LEAVE REQUEST

(Leave Requests should be submitted at least five days prior to absence)

Section 1 Must be completed

Employee Name _____ Worksite/Campus _____

Home Address _____ City _____ State _____ Zip _____

Reason for Leave (Select One):

<input type="checkbox"/> Annual	<input type="checkbox"/> Sick	<input type="checkbox"/> Paid Personal	<input type="checkbox"/> Personal (unpaid)
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Funeral Leave	<input type="checkbox"/> REC Activity	<input type="checkbox"/> Professional Leave
<input type="checkbox"/> Legal	<input type="checkbox"/> Jury/Civic/Political	<input type="checkbox"/> Other	

Additional Information for Absence (if Needed):

Dates of Absence – From: _____ To: _____

Total # of Days Absent: _____ Total Hours Absent: _____

Employee Signature _____ Date _____ Supervisor Signature _____ Date _____

Section 2 (Complete in addition to section 1 if any of the following apply...)

In-State Travel ?

Out-of-State Travel

Reason for Leave/Trip (i.e. conference name) _____

Destination _____ No. of School/Work Days Involved _____

Date leaving _____ Estimated time _____ am or pm

Date returning _____ Estimated time _____ am or pm

Employee Name _____ Date _____

Approved by Supervisor _____ Date _____

Control Agent _____ Date _____

Converting to Minutes and Hours to Percentage

5 min. = .08%	35 min. = .58	1 hr. = .13
10 min. = .17	36 min. = .60	2 hr. = .25
12 min. = .20	40 min. = .67	3 hr. = .38
15 min. = .25	45 min. = .75	4 hr. = .50
20 min. = .33	50 min. = .83	5 hr. = .63
25 min. = .42	55 min. = .92	6 hr. = .75
30 min. = .50		7 hr. = .88