**THE UNIVERSITY OF NEW MEXICO**
**DEPARTMENT OF SURGERY**
**WORK REQUEST FORM**

Date: ____________  Request submitted by: ________________________________

Division: __________________________ Extension #: __________

Date needed by: __________________________  Time needed: _________

***One Time Request***

I am requesting the following:

Filing ____  Copies ____  Other ____ (See Instructions Below)

Instructions and/or sample attached:

________________________________________________________________________
________________________________________________________________________

***Request for Continuing Project***

I am requesting the following:

Daily: _______________

Weekly: _______________ Days Requested: M_____ T_____ W_____ Th_____ F_____

Bi-Weekly: ______________ Weeks: 1 & 3 _____ or 2 & 4 _____

Monthly: _____________  Best Date of the Month _______________

Instructions, and/or sample attached and amount of time per day:

________________________________________________________________________
________________________________________________________________________

This request has been  Approved _____ Denied ______  
(For continuing Projects only)  
Approved by __________________________ Date ________________

Comments

If you have questions, contact the Front Desk supervisor.  2-6869

*Please note - if there is not availability for your project or a timely request - the front desk will not be able to honor your request.  You will be notified if this occurs.

**This form is a work in progress to manage student times and requests.**

Name of student assigned to request

Revised 2/25/14 BS