

**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