



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-032800 Leave Request and Approval	Issued: 04/18/01 Effective: 04/23/01	Reviewed: 4/24/26 Revised: 04/24/26
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-010100*

REFERENCE:

State Personnel Board Rule 1.7.7 NMAC, Absence and Leave and Official Agreement between the State of New Mexico and American Federation of State, County, and Municipal Employees, New Mexico Council 18 (Collective Bargaining Agreement).

PURPOSE:

To establish a process for requesting and granting leave to Corrections Department Employees.

APPLICABILITY:

New Mexico Corrections Department classified employees.

FORMS:

- A. **Request for Leave Without Pay** (*CD-032801.1*)
- B. **Request for Union Time** (*CD-032801.2*)
- C. **Request for Paid Parental Leave** (*CD-032801.3*)

DEFINITIONS:

- A. *Appointing Authority*: the level of authority within the New Mexico Corrections Department that can authorize hire.
- B. *Career Status*: An employee who has completed the one-year probationary period.
- C. *Custody Employee*: All positions with a working title of Correctional Officer Cadet, Correctional Officer, Sergeant, Lieutenant, Captain and Major.
- D. *Non-Custody Employee*: All other employees who do not fall under the definition of custody employee.
- E. *Relation by blood or marriage within the third degree*: Spouse, domestic partner, child, parent,

mother-in-law, father-in-law, daughter-in-law, son-in-law, stepchild, brother, stepbrother,

brother-in-law, sister, stepsister, sister-in-law, grand parent, grandchildren, uncle, aunt, nephew, niece, great grandchild and great grandparent.

- F. Roster Management Coordinator: The individual designated at each prison facility that is authorized to approve leave requests for employees.
- G. SHARE (Time and Labor): The automated payroll system used for the purpose of reporting time and exceptions for those employees having access to this system.

POLICY:

- A. NMCD shall grant leave in a fair and equitable manner, consistent with State Personnel Board Rules and other applicable State and Federal laws.
- B. To the extent possible, employees must request any and all types of leave in advance and in writing.
- C. For the purpose of this policy, when referring to submitting planned leave requests, custody employees, with the exception of a Major, but including C.O. Specialists, shall do so by using the **SPB101 Request for Leave** form through Roster Management and non-custody employees, including Majors, shall submit leave requests via email to their immediate supervisor.
- D. Employees must indicate the period of time for which leave is requested so that reasonable decisions can be made, and work assignments can be planned.
- E. Supervisors or the facility Roster Management Coordinator must either approve or disapprove all requests for leave. If a request for leave is submitted in writing, the approval or disapproval must be in writing. If an employee uses any falsehood to support a request for leave, any leave authorized may be rescinded and the employee may be subject to disciplinary action. Leave may be granted contingent upon the employee presenting sufficient justification.
- F. Employees are responsible for accurately reporting their time.
- G. Correctional Officers will request annual leave in accordance with the negotiated collective bargaining agreement. Annual leave for correctional officers will be determined by State Personnel Board Rules. In cases of multiple requests for the same time period, annual leave for correctional officers will be determined by greater seniority.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-032801 Leave Request and Approval	Issued: 04/18/01 Effective: 04/23/01	Reviewed: 4/24/26 Revised: 04/24/26
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-032800*

PROCEDURES:

A. Annual Leave:

1. Employees, except those on full-time educational leave with pay, absence without leave, leave without pay, unpaid Family Medical Leave Act (FMLA), or suspension, shall accrue annual leave at the rate of:
 - a. 3.08 hours per pay period if less than three years of cumulative employment;
 - b. 3.69 hours per pay period if three years or more, but less than seven years of cumulative employment;
 - c. 4.61 hours per pay period if seven years or more, but less than eleven years of cumulative employment;
 - d. 5.54 hours per pay period if eleven years or more, but less than fifteen years of cumulative employment;
 - e. 6.15 hours per pay period if fifteen years or more of cumulative employment.
2. Employees employed on a part-time basis shall accrue leave on a prorated basis.
3. Employee shall be permitted to carry forward balances up to a maximum of 240 hours of annual leave after the last pay period beginning in December.
4. Annual leave shall not be used before it is accrued and may not be used unless the employee requests it in advance and it is authorized in advance by the employee's immediate supervisor or designee, or, in the case of custody employees, the Roster Management Coordinator.
5. Annual leave shall not be granted for any employee to serve a sentence of incarceration.
6. Custody Employees:
 - a. Custody employees will bid for annual leave in accordance with time frames and procedures established by Roster Management.

- b. Where all factors to be considered are otherwise equal in granting of specific dates for annual leave, the employee having the longest unbroken length (Agency Seniority) of service with the Department shall be given priority.
 - c. Requests for annual leave outside of the bidding process must be submitted to the Roster Management Coordinator.
7. Non-Custody Employees:
- a. Non-custody employees must request annual leave via email to their immediate supervisor with sufficient notice so that supervisors can plan for the employee's absence.
 - b. Non-custody employee supervisors will review the employee's request and notify the employee via email as soon as possible so that the employee may plan his/her absence.

B. Sick Leave:

1. Employees, except those on full-time educational leave with pay, absence without leave, leave without pay, unpaid FMLA leave, or suspension, shall accrue sick leave at the rate of 4.00 hours per pay period.
2. Employees employed on part-time basis shall accrue leave on a prorated basis.
3. Sick leave shall not be used before it is accrued.
4. Employees may use sick leave for personal medical treatment or illness or for medical treatment or illness of a relation by blood or marriage within the third degree or a person residing in the employee's household.
5. There is no limit to the amount of sick leave that may be accrued.
6. Employees on sick leave must indicate the period of time for which leave is requested so that reasonable decisions can be made, and work assignments can be planned.
7. The Department does not condone the practice of the inappropriate or unjustified use of extended sick leave immediately prior to retirement and will examine such long-term sick leave requests as any other such request.
8. Supervisors who suspect abuse of sick leave may request that the employee provide a doctor's certification. The employee will be notified immediately that certification is required before final approval of sick leave can be granted. Sick leave abuse is "just cause" for, and may result in, disciplinary action up to and including dismissal.
9. Employees will be required to provide healthcare provider certification for the use of sick leave if the request for sick leave is for more than three (3) consecutive workdays.

10. All requests for long-term (40 hours or more) sick leave use will be evaluated to determine if the request meets the requirement of the Family Medical Leave Act (FMLA). If the request meets the requirement of the FMLA, the employee will be notified immediately that they are being placed on Family Medical Leave and will be provided a copy of the Department's FMLA policy.
11. Non-custody employees requesting unplanned sick leave shall follow the call-in procedure as outlined in *CD-030600* and exceptions shall be entered in SHARE upon return to work. Requests for planned sick leave shall be submitted via email to the employee's supervisor with sufficient notice to allow for workload planning.
12. Custody employees requesting sick leave must complete an **SPB 101 Request for Leave**. Such leave requests shall be submitted to the employee's immediate supervisor immediately upon returning to work. Requests for planned sick leave shall be submitted to the roster management coordinator with sufficient notice to allow for roster planning.
13. Supervisors or roster management staff shall review the request and either approve or disapprove the request. If additional information is needed, the supervisor shall advise the employee in writing.
14. Sick leave shall not be granted for an employee to serve a sentence of incarceration.

C. Administrative Leave:

1. The secretary may authorize an employee administrative leave up to five consecutive workdays when it is in the best interest of the Department. Administrative leave in excess of five consecutive days must have written approval of the state personnel director. The secretary, upon written request by a deputy secretary of operations, may authorize up to 160 consecutive hours of administrative leave during a disciplinary action or investigation.
2. Employees who are registered voters may absent themselves from work for up to two hours for the purpose of voting between the time of the opening and the closing of the polls. The supervisor may specify the hours during the period in which the voter may be absent. This leave is not available to employees whose workday begins more than two hours after the opening of the polls or ends more than three hours before the closing of the polls. Employees who take voting leave must vote. Failure to do so may result in disciplinary action.
3. Employees shall be entitled to administrative leave when appearing in obedience to a subpoena as a witness before a grand jury or court or before a federal or state agency. Fees received as a witness, excluding reimbursement for travel and per diem shall be remitted to the department.
4. Employees shall be entitled to administrative leave with pay for serving on a grand or petit jury. Fees received, as a juror, excluding reimbursement for travel and per diem shall

be remitted to the Department.

5. In accordance with the Governor's inclement weather policy, the Governor and Cabinet Secretary may authorize the closure, late reporting, or early release of employees due to inclement weather. Local radio stations, the State Personnel Office, and the Human Resource Bureau, normally carry out notifications on the website, or Weather Hotline at 855-320-1506.
6. Employees shall be entitled to sixteen (16) hours of administrative leave per calendar year for the purpose of interviewing for other positions within the Corrections Department.
7. All requests for administrative leave not specifically authorized above (e.g., voting, jury, and obedience to a subpoena) must be submitted in writing to the Department's Secretary, signed by a Deputy Secretary of Operations and must state the specific reason(s) for the requested leave.
8. The Secretary will review the request and notify the requesting Appointing Authority in writing that the request has been approved or disapproved or that in addition to his/her approval the request requires the approval of the State Personnel Director.
9. Employees must complete an **SPB 101, Leave Request** form or submit a request via email requesting administrative leave when requesting such leave for voting, in obedience to a subpoena or for serving on a grand or petit jury. The completed form, along with supporting documentation, must be submitted to the immediate supervisor or Roster Management Coordinator for approval.
10. Administrative leave shall not be granted for an employee to serve a sentence of incarceration.

D. Bereavement Leave

1. An employee may request bereavement leave for the death of a family member, or a relative by blood or marriage to the third degree.
2. Division Directors may approve bereavement leave for employees in their division(s) for 3 days for in-state and 5 days for out-of-state. The employee may request use of additional personal leave, the approval for which shall be at the discretion of the appropriate Division Director. Employees are required to provide proof, such as an obituary, upon returning from the leave.
3. Bereavement leave shall not be granted for an employee to serve a sentence of incarceration.

E. Leave Without Pay:

1. All leave (annual, sick, compensatory time, personal leave day) must be exhausted before authorizing leave without pay unless otherwise approved by the Secretary, or in cases of

approved disability through the State's Risk Management Division (RMD). It will be up to the employee to provide the agency HR dept with the approved disability notification from RMD. The employee will be responsible for paying insurance premiums in accordance with the Risk Management administrative guide.

2. Appointing authorities or their designees may approve leave without pay requests for up to five consecutive workdays. Requests for leave without pay for greater than five days must be reviewed by the Human Resource Bureau and approved by the Bureau Chief, Division Director, Deputy Secretary or Secretary (whichever is appropriate). Requests for leave without pay for over 30 days must be approved by the appropriate Deputy Secretary and/or Secretary.
3. Leave without pay may not exceed thirty (30) consecutive calendar days for probationers or employees in term status with less than one year of employment without the prior approval of the Division Director and the appropriate Deputy Secretary. Any leave without pay in excess of thirty (30) consecutive calendar days shall not be credited toward the probationary period unless the employee was called to active military duty.
4. Leave without pay shall not exceed thirty (30) consecutive calendar days for employees in emergency or temporary status.
5. Leave without pay for employees in career or term status with more than one year of employment status may be approved in increments not to exceed 30 calendar days and shall not exceed 12 consecutive months, without prior written approval from the agency.
6. The Department must assure a position of like status and pay, at the same geographic location, upon return of the employee from leave without pay or the employee must agree in writing to waive that requirement.
7. Employees requesting leave without pay must do so by completing the **Request for Leave without Pay** form (*CD-032801.1*) with a statement explaining the reason(s) for their request and shall submit their request to their immediate supervisor or Roster Management Coordinator.
8. Leave without pay shall not be granted for an employee to serve a sentence of incarceration.

F. Personal Leave Day:

1. Employees in career status are entitled to two personal leave days each calendar year. The personal leave days will be consistent with the employee's normal workday. Such leave must be requested and approved in advance.
2. Each personal leave day must be taken during consecutive hours.
3. The personal leave days must be taken by December 31st, or it will be lost.

4. Employees who do not take the personal leave day shall not be paid for it upon separation from the classified service.
5. Employees requesting a personal leave day must submit an **SPB 101, Leave Request** form to Roster Management, or submit their request by email to their immediate supervisor for approval or disapproval.
6. The employee's immediate supervisor or Roster Management will review the request and determine if the employee is in fact entitled to a personal leave day by contacting their respective payroll officer. If the employee is entitled to a personal leave day, the supervisor or Roster Management Coordinator will approve/disapprove the request.
7. If it is determined that the employee is not entitled to a personal leave day, the immediate supervisor or Roster Management will disapprove the request and notify the employee.
8. A personal leave day shall not be granted for an employee to serve a sentence of incarceration.

G. Union Time

1. In accordance with Article 9, Section 3, of the Collective Bargaining Agreement, union time must be pre-approved and will not be disapproved except for operational reasons.
2. All union time must be pre-approved by the supervisor on the **Request for Union Time** form (*CD-032801.2*).
3. Requests for incidental time (less than 15 minutes) shall not require the submission of a request form but does require prior approval by the supervisor.
4. Requests for union time shall state the time left and the approximate time of return. Requests shall state the general purpose of the request without being invasive.
5. All request forms shall be forwarded by the respective stewards to their immediate supervisor. The immediate supervisor shall coordinate the use of union time with the Department's central point of contact, the Labor Relations Manager, prior to approving union time.

Requests for union time by correctional officers shall be forwarded by the supervisor to Roster Management for time reporting purposes.

6. Union time shall be counted as hours worked in determining the appropriate overtime compensation.

H. Paid Parental Leave

1. In accordance with Executive Order 2019-036, eligible employees are entitled to twelve (12) workweeks of fully paid parental leave following the birth or adoption of a child. Eligible employees may utilize one (1) term of paid parental leave per birth or adoption

event.

2. Paid Parental leave shall be paid based upon the eligible employee's base salary and determined by their regularly scheduled work hours. If an official holiday occurs during the eligible employee's paid parental leave, the employee will receive holiday pay in lieu of paid parental leave provided the employee is in pay status the day before and the day after the official holiday.
3. An eligible employee is a full-time classified employee who has completed the one (1) year probationary period as defined by the State Personnel Board rules, or an exempt employee who has been employed with the State of New Mexico twelve (12) consecutive months, prior to the start of paid parental leave, excluding temporary, emergency, and term appointments.
4. Employees utilizing paid parental leave shall continue to accrue vacation and sick leave in accordance with state rules and regulations during the period of paid parental leave.
5. Domestic partners, as defined by State Personnel Board rules are eligible for paid parental leave when children join their household via birth or adoption. If both parents, including a Domestic Partner of a parent, are eligible employees each parent or partner is eligible to receive Paid Parental Leave.
6. Paid Parental Leave shall run concurrently with leave under the federal Family Medical Leave Act (FMLA) as applicable.
7. Eligible employees shall be required to notify their employer at least thirty (30) days in advance of their intention to use paid parental leave or as soon as practicable. Any request for non-consecutive usage of aid parental leave shall be outline in the request for paid parental leave prior to the start of paid parental leave.
8. Eligible Employees must take paid parental leave during the first six (6) months following the birth or adoption of a child. Paid Parental Leave that is not utilized within six-months shall be forfeited.

**NEW MEXICO CORRECTIONS DEPARTMENT
REQUEST FOR LEAVE WITHOUT PAY**

Employee Name: _____ Classification: _____

Employment Status: _____

Date _____

LWOP may not exceed thirty (30) calendar days for probationers or employees in term status with less than one year of employment without the prior approval of the Secretary, or twelve (12) consecutive months for career and term status employees with more than one year of employment, unless approved by the Secretary.

Length of Leave: from _____ to _____ (A specific date must be entered. Unknown is not acceptable).

Reason for Leave: _____

I understand that the Corrections Department **can** assure a position in the same geographic location upon my return.

I understand that the Corrections Department **cannot** assure a position in the same geographic location upon my return. I accept this as a condition for my Leave without Pay.

I also understand that failure to report for work upon the expiration of approved Leave without Pay may be grounds for disciplinary action.

Employee Signature: _____ / _____
Print/Sign Date

Appointing Authority: _____ / _____
Print/Sign Date

The above request is in accordance with applicable SPB Rules.

Human Resource Director: _____ / _____
Print/Sign Date

Division Director:
Approved: _____ / _____
Print/Sign Date

Disapproved: _____ / _____
Print/Sign Date

Secretary of Corrections:
Approved: _____ / _____
Print/Sign Date

Disapproved: _____ / _____
Print/Sign Date

cc: File
SPO

AFSCME - Employee Request for Union Activity and Union Time

Agency/Division

/

INSTRUCTIONS: Bargaining Unit (BU) Employees, Union Stewards, & Union Officials should please complete this form to request time for approved union activities ("union time").

- Pursuant to the Collective Bargaining Agreement (CBA) the Employee, Union Steward, & Union Official must seek prior approval from their supervisor in order to take union time. The submission of this form is considered seeking prior approval.
- The Employee, Union Steward, & Union Official should provide: date of event, approximate amount of time to be spent, event location, and general purpose of the event.
- The employer may only deny a union time request for operational reasons or if the employee is on overtime status. If the employer denies the request, they must include an explanation for the denial. Each request for union time should be considered on a case-by-case basis and each case should be considered on its own merits. If disapproval necessitates an extension of time for processing a grievance, the time shall be tolled for the duration of the denial until union time is afforded the BU Employee, Union Steward & Union Official to investigate and process the grievance.
- Upon return to work, the Employee, Union Steward, & Union Official will log the actual date(s) and time(s) of the union time taken.

Employee Name

Last	First	Middle	Date of Request	Date of Union Time Needed
City:			Approx. Amt. of Time Requested:	

PLEASE MARK AS APPLICABLE:

<p>Grievances:</p> <input type="checkbox"/> Grievance Face to Face (F2F) meeting <input type="checkbox"/> Process & Investigate (up to 4 hours) <p>Discipline & Appeal Process:</p> <input type="checkbox"/> Disciplinary Appeal Prep/Investigation (up to 4 hours) <input type="checkbox"/> Disciplinary Appeal Hearing; Representing <input type="checkbox"/> Disciplinary Meeting—issuing discipline (LOR, NCA, NFA) <input type="checkbox"/> Disciplinary Response Preparation Time (up to 4 hours) <input type="checkbox"/> Oral Response Meeting (NCA) <p>Meetings Agreed to by the Parties:</p> <input type="checkbox"/> Attendance <input type="checkbox"/> Negotiating agency policy/bldg. relocations/CBA <p>Cross-Agency Representation:</p> <input type="checkbox"/> Union Officials only	<p>Steward Shadowing—for the purpose of mentoring/training, up to 2 Union Stewards may observe:</p> <input type="checkbox"/> Investigation Interviews <input type="checkbox"/> Oral Response Meetings (ORM) <input type="checkbox"/> Grievance Face to Face (F2F) meetings <p>Investigatory Interview meetings:</p> <input type="checkbox"/> Target <input type="checkbox"/> Witness <input type="checkbox"/> Union Representative <p>Committees:</p> <input type="checkbox"/> Union assigned member (travel time and attendance) <p>Agency Orientation:</p> <input type="checkbox"/> Attendance (Steward/Union Official only)	<p>Steward Training:</p> <input type="checkbox"/> Full Day first year <input type="checkbox"/> Half Day annually <p>PELRB Hearing:</p> <input type="checkbox"/> To investigate (up to 4 hours) <input type="checkbox"/> Hearing; grievant & Union representative (duration of hearing) <p>LWOP Request:</p> <input type="checkbox"/> Written Request <p>State Vehicle Use:</p> <input type="checkbox"/> Committee/Taskforce <input type="checkbox"/> Agency policy/bldg. location/CBA negotiations (Steward/Union Official only)
---	--	---

Supervisor

Employee

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Must provide explanation for disapproval, which may only be for operational reasons) _____ _____ Print Name: _____ Date: _____ Signature: _____	Date Left: _____ Time: _____ AM/PM Return Time: _____ AM/PM Total Time Used: _____ Employee Signature: _____
--	---

Human Resources Department

Union Notification

<p style="text-align: center;">Internal Use</p> Total time Used: _____ Comments, if any: _____ Signature: _____ Date: _____	Email Date: _____ AFSCME Connie@afscmenewmexico.org (Union Representative email) Comments if any: _____
--	--

**NEW MEXICO CORRECTIONS DEPARTMENT
REQUEST FOR PAID PARENTAL LEAVE**

SECTION A—EMPLOYEE REQUEST

This is a formal request for Paid Parental Leave. NMCD offers up to twelve (12) workweeks of Paid Parental Leave following the birth or adoption of a child who has recently joined the household. This Paid Parental Leave is available to full-time classified employees who have completed the one (1) year probationary period as defined by the State Personnel Board rules prior to the start of Paid Parental Leave.

Employee Name: _____ SHARE # _____

Employee Title : _____ Employee Supervisor: _____

First Date of Requested Leave: _____ Last Date of Requested Leave: _____

Intermittent Leave:

Dates of Intermittent Leave Requested: _____

Expected Date of Birth or Placement: _____

- I understand that I must obtain supervisory approval for Paid Parental Leave.
- I certify that I am or will be the parent or adoptive parent of a newborn or adopted child, or a Domestic Partner of a parent or adoptive parent of a newborn or adopted child.
- I have read the Paid Parental Leave policy and agree to comply with all of its requirements
- I understand that I am required to use Paid Parental Leave for the purpose of caring for and/or bonding with a newborn or newly adopted child who has joined my household.
- I affirm that the information I have provided on this form is accurate and complete.

SECTION B—APPROVAL

Employee's request for Paid Parental Leave is: Approved Denied

Supervisor Name: _____ Supervisor E-Mail: _____

Supervisor Signature: _____ Date: _____

For Human Resources Only :

The employee meets does not meet the eligibility criteria set forth in the Paid Parental Leave Policy.

HR Reviewer Printed Name: _____ HR Reviewer

Signature: _____

Date: _____