

NEW MEXICO STATE UNIVERSITY  
COLLEGE OF EDUCATION  
REQUEST FOR LEAVE OF ABSENCE

\_\_\_\_\_ hereby request approval for:  
Print Name \_\_\_\_\_ Department \_\_\_\_\_

- Annual leave  
 Sick leave  
 Absence associated with NMSU-related business

Details:

\_\_\_\_\_  
\_\_\_\_\_

Other : \_\_\_\_\_

Beginning: \_\_\_\_\_ 200 \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. and  
Ending \_\_\_\_\_ 200 \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
For a total of : \_\_\_\_\_ hours / \_\_\_\_\_ days

If administrator, indicate person assuming administrative responsibility during your absence: \_\_\_\_\_

who can be reached at (Phone): \_\_\_\_\_

In case of emergency, I can be reached at (Phone): \_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Approval of Dean / Department Head / Supervisor