

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