

NEW MEXICO STATE UNIVERSITY
COLLEGE OF EDUCATION

REQUEST FOR LEAVE OF ABSENCE

_____ hereby requests approval for:

Print Name _____ Department _____

Annual Leave

Sick Leave

Absence associated with NMSU-related business
Details _____

Other _____

Beginning: _____ at _____ a.m. p.m. AND

Ending at: _____ at _____ a.m. p.m.

For a total of _____ Hours / Days

Indicate the person assuming your operational responsibilities during your absence:

_____ who can be reached at _____

Please use this space to explain specific assigned duties/processes which have deadlines during your absence, and how they will be completed:

In case of emergency, I can be reached at: _____

Date of Request

Employee Signature

Approval of Dean/Department Head/Supervisor