



School of Social Work
 College of Health, Education & Social Transformation
 1335 International Mall, Suite 210
 Las Cruces, NM 88003-8001
 socwork@nmsu.edu

REQUEST FOR LEAVE

Employee Name

Emergency phone number

Date _____

Reason for Request

<input type="checkbox"/> NMSU Business <small>(comment below)</small>			<input type="checkbox"/> Annual Leave			<input type="checkbox"/> Sick Leave			<input type="checkbox"/> Other <small>(explanation required below)</small>		
Start Time	End Time	Hours	Start Time	End Time	Hours	Start Time	End Time	Hours	Start Time	End Time	Hours
Total Professional Leave Hours			Total Annual Leave Hours			Total Sick Leave Hours			Total Other Leave Hours		

Will this leave coincide with any critical deadlines, proposals, or projects? Yes No

If so, describe in Comment box below and include who will be responsible for decision making.

Please provide explanation if NMSU Business or Other Leave

Employee Signature _____

Date _____

Approved? Yes No

Supervisor's Signature _____

Date _____