



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

Date	<input type="checkbox"/> Annual Leave			<input type="checkbox"/> Sick Leave			<input type="checkbox"/> Other (explanation required below)		
	Start Time	End Time	Hours	Start Time	End Time	Hours	Start Time	End Time	Hours
			<input style="width: 50px;" type="text"/>						<input style="width: 50px;" type="text"/>
			<input style="width: 50px;" type="text"/>						<input style="width: 50px;" type="text"/>
			<input style="width: 50px;" type="text"/>						<input style="width: 50px;" type="text"/>
			<input style="width: 50px;" type="text"/>						<input style="width: 50px;" type="text"/>
			<input style="width: 50px;" type="text"/>						<input style="width: 50px;" type="text"/>
	Total Annual Leave Hours		<input style="width: 50px;" type="text"/>	Total Sick Leave Hours			Total Other Leave Hours		<input style="width: 50px;" type="text"/>

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 _____