COLLEGE OF ARTS & SCIENCES
LEAVE REQUEST FORM

Name _____ Rank _____ Date _____

Department _____

Date of first employment at NMSU _____ Years at NMSU _____

Tenured: ☐ Yes _____ ☐ No Appointment: ☐ 9-month ☐ 12-month
Date

Previous Leave Granted at NMSU

Dates		Type
From:	To:	
_____		_____
_____		_____

REQUEST FOR:

- ☐ **Sabbatical Leave**
  - ☐ Full employment period at 60% salary
  - ☐ One-half employment period at full salary
- ☐ **Educational Leave**
  - ☐ Full employment period at 50% salary
  - ☐ One-half employment period at full salary
  - ☐ Without pay
- ☐ **Personal Leave (Without Pay)**
- ☐ **Professional Leave (Without Pay)**

DATE OF LEAVE: From (Faculty Report Date) _____ To (Final Grades Due Date)_____

I have read and agree to the written *NMSU Administration Rules and Procedures* (ARP Chapter 8) pertinent to the type of leave indicated above and for required reports.

The administrative stipend or any other salary differential will be removed during the leave period.

It is the responsibility of the faculty member to inquire about how benefits such as health insurance and retirement will be affected if the requested leave is approved. Questions regarding employee benefits should be directed to the Employee Benefits Office at benefits@nmsu.edu.

PROPOSED ACTIVITY: For all types of leaves, you must attach a statement outlining the benefit of the leave to NMSU.

Recommend for approval:

_____ /_____
Date

_____ /_____
Signature of Faculty/Professional Staff Date

_____ / _____
Dean of College Date

Additional note for tenure-track (non-tenured) faculty members: Because of the period of this leave, the contract year of 20____-____ will not count toward tenure, and I understand that my tenure review will be rescheduled to fall 20_____. (Send copy to Provost's Office if leave affects tenure review date.)

_____
Faculty Initials