



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

Previous Leave Granted at NMSU

Table with columns: From, Dates, To, Type

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:

Signature line and 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