



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

From: To: Type
Dates

REQUEST FOR: Sabbatical Leave Personal Leave (Without Pay)\*
Professional Leave (Without Pay)\*
Educational Leave

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 8.54) 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.

\*I understand that I may continue my insurance coverage during any type of LWOP. Should I choose to continue coverage for a personal leave without pay, I will be responsible for making arrangements to pay the full premium including the employer's contribution.

\*\*Persons who anticipate drawing Educational Retirement pensions within the next 5 years should consult the Employee Benefits Office regarding a possible negative impact of this leave on their retirement benefit formulas.

PROPOSED ACTIVITY: For all types of leaves, please include a statement outlining the benefit of the leave to NMSU.

Recommend for approval by:

Head of Department/Division Head / 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\_\_.

Faculty initials