



NEW MEXICO STATE UNIVERSITY
LEAVE REQUEST

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 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. Should I not continue coverage during any LWOP, I understand that in order to resume coverage, I will be subject to evidence of insurability and any pre-existing condition exclusions. Any questions concerning insurance coverage should be directed to the Employee Benefits Office.

**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. The 5-year average may be affected.

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____. (Send copy to
Provost's Office if leave affects tenure review date.)

Faculty initials