New Mexico State University

Entomology, Plant Pathology & Weed Science

**Request for Leave of Absence Form**

**Name:**

**Date/s of Requested Absence:**

**Time/s of Requested Absence:** **for a total of** **hours**

**Type of leave:** Choose One

**Details:**

***Doctor's note or documentation is REQUIRED for absences exceeding three consecutive days.**

**During my absence,** **will be available to handle any issues that arise.**

**Employee Signature:**

**Approved by:**

**Supervisor Signature:**