

**Faculty Leave Request Form**

**Purpose:** This form should be completed when tenured or non-tenured regular faculties are requesting a leave of absence. A copy of the form with all pertinent signatures should be sent to Benefit Services as part of the EPAF process.

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| **Section 1: Employee Information** | | | | | | | |
| Name: | | | Rank: | | | | Request Date: |
| Department: | | | | | NMSU Start Date: | | Years at NMSU: |
| Tenured:  Yes, Tenure Date:  No | Appointment:  9 Month  12 Month | Previous Leave Granted at NMSU | | | | | |
| From:  From: | | | To:  To: | Type:  Type: | |
| **Section 2: Leave Request** (Select a leave type, subcategory if listed, and enter date of leave) | | | | | | | |
| •  **Professional Leave Without Pay\***  •  **Sabbatical Leave:**    Full employment period at 60% salary\*\*  One-half employment period at full salary | | | | •  **Personal Leave Without Pay\***  •  **Educational Leave:**    Full employment period at 50% salary  One-half employment period at full salary  Without pay\* | | | |
| **Date of Leave:** From:       To: | | | | | | | |
| **Section 3: Acknowledgements** | | | | | | | |
| I have read and agree to the written *NMSU Policy Manual* policies (Chapter 7, section 7.20) 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 employers 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 Benefit Services office.  \*\*Persons who anticipate drawing Educational Retirement pensions within the next 5 years should consult the Benefit Services 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.  If additional space is needed, please attach a separate document. |     **Recommend for approval by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Faculty/Professional Staff Date  Head of Department/Division Head 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.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_  Dean of College/Vice President/ Date \_\_\_\_\_\_\_\_\_\_\_\_\_  Campus President Faculty initials | | | | | | | |