NEW MEXIO STATE UNIVERSTIY

COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES

| | | No | tificatio | on of Leave | | | |
|------------------------------|------|------|------------|------------------|------------------|------------------------------|---|
| Today's Date: Department: | | | | | | _ | |
| | | | | | | _ | |
| I, listed below. | | | , hei | reby certify tha | t my absence fro | m work is due to the reasons | |
| | date | time | to | date | time | total hrs. | |
| | date | time | t 0 | date | time | to tal has | |
| | date | time | to | date | time | total hrs. | _ |
| | date | time | to | date | time | total hrs. | |
| | uate | ume | to | uate | unic | total hrs. | |
| | date | time | _ ** _ | date | time | | |
| | | | to | | | total hrs. | _ |
| | date | time | | date | time | | |

Details:

Doctor note is <u>required</u> for sick leave absences exceeding 3 consecutive days.

Requestor's Signature

Supervisor's Signature

8/8/2024