

NEW MEXIO STATE UNIVERSTIY

COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES

Notification of Leave

Today's Date: _____

Department: _____

I, _____, hereby certify that my absence from work is due to the reasons listed below.

_____	_____	_____	to	_____	_____	total hrs.	_____
	date	time		date	time		
_____	_____	_____	to	_____	_____	total hrs.	_____
	date	time		date	time		
_____	_____	_____	to	_____	_____	total hrs.	_____
	date	time		date	time		
_____	_____	_____	to	_____	_____	total hrs.	_____
	date	time		date	time		
_____	_____	_____	to	_____	_____	total hrs.	_____
	date	time		date	time		

Details:

Doctor note is required for sick leave absences exceeding 3 consecutive days.

Requestor's Signature _____

Supervisor's Signature _____