

NEW MEXICO STATE UNIVERSITY

COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES

Notification of Leave

Today's Date: _____

I, _____, will be out of the office for:

_____	_____	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:

During my absence, _____ will be acting.

My cell number: _____

Requestors Signature

Dean /Assoc Dean Signature _____