

Doña Ana County Head Start Program Leave Request - Part A & B

Name: _____

Date of Requested Absence: _____

Time of Requested Absence: _____

Reason for Absence:	A. Requested	B. Actual
▶ Annual Leave (Vacation)	_____	_____ Hrs.
▶ Comp Time Leave	_____	_____ Hrs.
▶ Sick Leave <small>(Illness, Dr. Appt., exclude visits to NMSU Employee Health Center)</small>	_____	_____ Hrs.
▶ Other:		_____ Hrs.
● Compassionate Leave	_____	_____ Hrs.
● AFSCME	_____	_____ Hrs.
● Jury or Witness Duty Leave	_____	_____ Hrs.
● Leave Without Pay	_____	_____ Hrs.
● Long Term Disability Leave	_____	_____ Hrs.
● Military Leave	_____	_____ Hrs.

TEACHING STAFF: What Sub is covering for you? _____

IF TEACHER ASSISTANT: Teacher Signature: _____

Prepared by: _____ Date: _____

Signature: _____ Date: _____

(A.) <input type="checkbox"/> Approved Absence Supervisor Initials _____	<input type="checkbox"/> Non-Approved Absence _____
(B.) Signature of Supervisor: _____ Date: _____	
(C.) Signature of Director: _____ Date: _____	

Note: Annual leave requests should be submitted to supervisor 5 working days prior to the day(s) of requested absence. Complete part "A" when requesting leave. **Supervisor dependant:** When request is approved form will either be returned to you, or your supervisor will contact you to notify that you are approved to take leave. Complete part "B" upon return from leave, or if your supervisor has the form advise them of any changes from requested hours to actual hours taken. When supervisor has approved your time on My NMSU this form with the printout is to be submitted in the supervisor's annual sick leave notebook.

Entered in MyNMSU.edu online
Verified by supervisor in MyNMSU.edu online