COMPLETE Form A and Statement Page.
SUBMIT TO:
Albuquerque Public Schools Extended Leaves Office
Extended.Leaves@aps.edu

STATEMENT PAGE

for Advanced Study Leave or Extended Personal Leave

Date: _____

Employee Name: _____ Employee #: _____

I am requesting the extended leave indicated on Form A for the following reason (be specific):

_____

_____

_____

_____

_____
Employee Signature

Supervisor AND designated Cabinet Official signatures are required for employees who are **not** covered under the ATF and AFCP negotiated agreements.
***Supervisor must meet with their designated Cabinet Official prior to signing this form.**

_____ _____ _____
**Supervisor Signature / date Phone Number Email Address

_____ _____
designated Cabinet Official signature / date Phone Number Email Address

UNPAID LEAVE OF ABSENCE REQUEST: ☐ **APPROVED** ☐ **DENIED**

Additional Comments: _____

_____

_____

Revised 07/02/2025 VJA