



ALBUQUERQUE PUBLIC SCHOOLS
Human Resources – Extended Leaves Office
6400 Uptown Blvd. NE, Suite 210 E
P. O. Box 25704, Albuquerque, NM 87125-0704

Statement Page
Advanced Study Leave or Personal Leave

Date: _____

Employee Name: _____ Employee #: _____

I am requesting the extended leave for the following reason:

Employee's Signature

Supervisor's signature required for employees **not** covered
under the ATF, AEAA, ASCA Negotiated Agreements

I agree this employee should be allowed to take this leave. Yes No

Supervisor's Signature

Phone Number

Email Address

Additional Comments:
