



New Mexico State Personnel Office
Administrative Leave Action Form

Agency/Employee Information

Date: [ ] Business Unit Name: [ ] Bus. unit #: [ ]

Employee Name: [ ] Empl ID: [ ] Effective Date: [ ]

1st request(disciplinary)- granted by agency Begin Date: [ ] End date - in the amount of 160 hours: [ ]

Please attach a signed copy of the letter placing the employee on administrative leave for second (2nd) request and above.

2nd request (disciplinary) - requires SPO approval Begin Date: [ ] End date - in the amount of 160 hours: [ ]

3rd request (disciplinary) - requires SPO approval Begin Date: [ ] End date- in the amount of 160 hours: [ ]

4th request (disciplinary) - requires SPO approval Begin Date: [ ] End date - in the amount of 160 hours: [ ]

Provide Rationale for Recommendation: [ ] Date: [ ]

ER Specialist Signature: [ ] Date: [ ]



\*\*New Mexico State Personnel Office Action Form \*\*
\*SPO Use Only\*

SPO Analysis and Recommendation Recommend Approval Do Not Recommend Approval Alternate Recommendation

ER Manager Signature: [ ] Date: [ ]

ER Bureau Chief Signature: [ ] Date: [ ]

Director or Deputy Director Signature: [ ] Date: [ ]

Reason for Disapproval:

Returned to Agency: Yes (attach rejection memo) No