



Student Career Experience Program  
Contact Information

Please complete the following information below in case we need to contact you during the school year.

Name:		Mailing Address:
City:		State:
Zip:		Home Phone:
E-Mail:		Cell Phone:
Alternate Contact:	█	Phone: █

You may choose to use your annual leave now or we may hold it over for you upon your return to work in your next work-phase.

When will your last day of employment be? Please use the date you are actually at the work site.

Will you be using your annual leave after that date?  Yes  No

If yes, how many hours will you be using?

If you are signed up for health insurance benefits, you have the option of either terminating or continuing your coverage while you are in non-pay status. Please contact Elsie Barber at (505) 761-4486 or Rose Navarette at (505) 761-4410 to make the necessary arrangements.

If you are signed up for life insurance coverage, it will continue for up to one year while you are in a non-pay status. The government will pay your share of the premium while you are in non-pay status.

Signature █

Date █