DEPARTMENT OF FAMILY MEDICINE
Request for Absence From Clinic & Teaching Program

IMPORTANT
This form is required for absences of one (1) or more days. You must submit the completed and signed form at least 21 days in advance of the expected absence.

ABSENCE REQUESTED BY
First Name: ____________________________
Surname: _______________________________
Signature: _____________________________
Date Submitted: _________________________
☐ Faculty ☐ Non-Faculty

EVENT INFORMATION
Dates: ____________________________________
Will you be available by pager / mobile phone?
☐ Yes ☐ No

REASON FOR REQUEST
☐ Vacation
☐ Conference
☐ Stat (in lieu of): _________________________
☐ Other: ________________________________

APPROVAL FOR ABSENCE
(TO BE COMPLETED BY UNIT DIRECTOR FOR FACULTY,
CLINIC MANAGER FOR STAFF)
☐ I agree to the absence described above.

Supervisor ________________________________
Date ______________________________________

NOTIFICATION
Ensure that each of the following have been notified. An initial and date are required for each.

<table>
<thead>
<tr>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unit Director</td>
<td>_______</td>
</tr>
<tr>
<td>☐ Clinic Manager</td>
<td>_______</td>
</tr>
<tr>
<td>☐ Front Desk</td>
<td>_______</td>
</tr>
</tbody>
</table>

The individual requesting the absence should be supplied with a copy of the approved form.
☐ Requester given copy of approved form

COVERAGE
Please ensure all patient bookings, on-call responsibilities, meetings, and scheduled educational activities have been rescheduled or arrangements made for coverage.

Information related to coverage, if known:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SUPERVISOR’S NOTES (IF NEEDED)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SUBMISSION
Print and complete the form with necessary signatures. Submit the form to your Unit Director or Clinic Manager for approval.

Updated July 2016