

Clinical Faculty Leave Request Form

Please complete all of the information below and submit to Ebony Walker (waebon@shands.ufl.edu)

To be completed by the provider:

Provider's name: _____ Provider's signature: _____

Today's date: _____

Leave date/time(s) requested: _____

Type of leave:

Vacation

Sick

Academic Leave Name of conference and location: _____

Department Business Type of business: _____

December personal days

Administrative (i.e. jury duty)

Clinic cancellation/change only (no leave time will be recorded)

Please list your inbasket and OTV coverage: _____

Comments: _____

Medical director signature

Date

Chair signature

Date

Administrative Only

EPIC/MOSAIQ closed

Pts to reschedule

Residents reassigned

On-call updated (if needed)

Outlook calendar updated

Saved in leave file (PS)