DATE SUBMITTED: __________________________

I, ______________________________ am giving notice to: ☐ attend a meeting/course
☐ be away on vacation ☐ cancel/alter clinic(s) ☐ Other (specify from list below):

A. MEETING/COURSE
   1. Meeting/Course Name: ____________________________________________________________
   2. Location: __________________________________________________________
   3. Leave Begin Date: _________ Leave End Date: _________ Return to work date: _________
   4. Vacation requested in conjunction with meeting? ☐ No ☐ Yes, complete Section B.

B. VACATION
   Beginning Date: ___________ Ending Date: ___________ Return to work date: ___________

C. CANCEL CLINIC(S): ☐ YES ☐ NO ☐ Cancelled Clinic Dates: _____________________________
   Make up clinic date(s): ____________________________________________________________

D. OTHER (military, civil, immediate family death, family, sick, disability, without pay, maternity, paternity, adoption)
   ________________________________________________________________________________

Calls to the clinic by patients will be handled as follows: For patients with non-urgent/non-emergent issues, the clinic staff will notify the patient that the faculty member will address the patient's needs when they return, and an epic message will be sent to the provider. If action/response is needed sooner, or if the clinic staff do not know whether the issue is an urgent one, the consult attending or the cross covering physician identified by you will be contacted.

NOTE: (please indicate being done by checking box):
☐ Page Operator notified

Covering faculty:
☐ I WILL require Epic Coverage:
   Beginning Date: ___________ Ending Date: ___________ Return to work date: ___________

☐ I will NOT require Epic Coverage
☐ Specific attending: ______________________________, M.D.

**Faculty member on leave is required to empty EPIC inbox prior to leave.

SUBMIT ORIGINAL FORM TO BUSINESS OFFICE FOR APPROVAL.

<table>
<thead>
<tr>
<th>Approval:</th>
<th>Notifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Head</td>
<td>o Received in Business Office – Date: <em><strong><strong>/</strong></strong></em>/____</td>
</tr>
<tr>
<td>Date</td>
<td>o Copy to Clinic, Attn: Lisa Brown</td>
</tr>
<tr>
<td></td>
<td>o Nurses</td>
</tr>
<tr>
<td></td>
<td>o MC Manager</td>
</tr>
<tr>
<td></td>
<td>o AMC</td>
</tr>
<tr>
<td></td>
<td>o Appointments moved/canceled by: __________________________</td>
</tr>
</tbody>
</table>

NOTE: Medical Director of Clinic may approve clinic cancellations and changes

Thursday, June 09, 2016  sbc8x