FACULTY LEAVE AND CLINIC CANCELLATION FORM
Division of Endocrinology and Metabolism – Medical Specialty Clinic
(Note: 45-day notice for leave affecting clinics is required for non-urgent reasons)

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/OTHER
   1. Meeting/Course Name/Other: ____________________________________________

   2. Leave Begin Date: __________ Leave End Date: __________ Return to work date: __________

   3. Vacation requested in conjunction with meeting? □ No □ Yes, complete Section B.

B. VACATION
   Begin Date: __________ End Date: __________ Return to work date: __________

C. CANCEL CLINIC(S): YES □ NO □

   Cancelled clinic dates/locations:
   __________________________________________________________

   Make up clinic date(s)/locations:
   __________________________________________________________

COVERAGE:
□ I will NOT require Epic Coverage
□ I WILL require Epic Coverage
□ Specific attending doing EPIC coverage
   (if not the EPIC attending)
   ___________________________________________________________________

   Begin date: ____________________________
   End date: ____________________________

FACULTY TO DO LIST PRIOR TO LEAVE
Make pager unavailable
Set e-mail out of office message
Notify admin asst and forward office phone
If EPIC coverage requested:
   Clear EPIC inbox
   Attach EPIC inbox to appropriate provider

SUBMIT ORIGINAL FORM TO BUSINESS OFFICE FOR APPROVAL.

Approval:

___________________________________________
Division Head

___________________________________________
Date

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

Thursday, July 19, 2018  jkd2a