

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)
Empty EPIC inbox required prior to leave

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. assistant 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.
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