

# FACULTY LEAVE AND CLINIC CANCELLATION FORM

## Division of Rheumatology – Medical Specialty Clinic

(NOTE: 30 day notice for leave affecting clinics is requested, 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

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.**

<b>Approval:</b>  _____ <b>Division Head</b>  _____ <b>Date</b>  <b>NOTE: Medical Director of Clinic may approve clinic cancellations and changes</b>	<b>Notifications:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>Received in Business Office – Date:</b> ____/____/____</li><li><input type="checkbox"/> <b>Copy to Clinic, Attn: Vickie Vess</b></li><li><input type="checkbox"/> <b>Nurses</b></li><li><input type="checkbox"/> <b>MC Manager</b></li><li><input type="checkbox"/> <b>AMC</b></li><li><input type="checkbox"/> <b>Appointments moved/canceled by:</b> _____</li></ul>
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