

DEPARTMENT OF INTERNAL MEDICINE
FACULTY REQUEST FOR LEAVE

DATE: _____

NAME: _____

TITLE: _____

DIVISION: Gastroenterology, Hepatology & Nutrition

NO. OF HRS. OF LEAVE REQUESTED: _____

LEAVE REQUESTED FROM : _____ TO: _____ (BOTH INCLUSIVE)

LEAVE TO BE TAKEN: (X)

- | | | | |
|---|-------------------|---|-----------------|
| <input type="checkbox"/> Vacation | HOOP 2.38 | <input type="checkbox"/> Leave Without Pay | HOOP 2.40B |
| <input type="checkbox"/> Sick Leave | HOOP 2.39A | <input type="checkbox"/> School Conf. (Sick Lv.) | HOOP 2.39A |
| <input type="checkbox"/> Jury Duty 1 | HOOP 2.39D | <input type="checkbox"/> Funeral Leave | HOOP 2.39B |
| <input type="checkbox"/> Holiday Taken for Holiday Worked | Hoop 2.37 | <input type="checkbox"/> Preventative Health | HOOP 2.39F |
| <input type="checkbox"/> Regular Work Away from the Office (RWA)2 | | <input type="checkbox"/> Compensatory Time (Non-Exempt – Classified Only) | HOOP 5.05, 5.06 |
| <input type="checkbox"/> Military Leave | HOOP 2.39a, 2.40A | <input type="checkbox"/> FMLA | HOOP 2.40C |
| <input type="checkbox"/> Anniversary Date | HOOP 2.39C | <input type="checkbox"/> Other (specify) _____ | |

REF:

- Jury Duty – Attach copy of Notice of Jury Duty Summons to Request for Leave. Jury Release Notice should be also attached to Request for Leave.
- Regular Work Away from the Office – Used in the TMS system only to track time worked away from the regular work site while attending seminars, conferences, etc.

FACULTY:

Request for Leave form must be submitted **90 days in advance** of time away of 1 week or greater, and holiday seasons.
Lesser requests are to be submitted **30 days in advance**.

Person Assuming Responsibility during absence:

Printed Name

Signature

SIGNATURE OF EMPLOYEE

Coverage for service needed? Y N
Signature of Physician covering: _____

Coverage for clinic needed? Y N
If no, date of make-up clinic: _____

Are you scheduled to give conference? Y N
If so, who will be your replacement: _____

Division Function planned? Y N

Is a travel stipend or travel funds from another source available? Y N

APPROVALS:

Signature of Division Director

Date

Signature of Chairman (Division Directors Only)

Date

Received 8.25.09