



APP TIME OFF/MODIFICATION TO SCHEDULE REQUEST

Provider Name_____

Date Request Made_____

Time off Requested:

Starting _____ at (circle one) 7am Noon 5pm

Returning _____ at (circle one) 7am Noon 5pm

Reason: (circle one)

Vacation – requires approval at least 2 weeks in advance

CME – approved CME/conference **ATTACH ESTIMATED EXPENSES
FORM FOR REIMBURSEMENT APPROVAL**

Personal – approved with less than 2 weeks notice

FMLA – consistent with Family Medical Leave Act, see HR for paperwork

Modification to Schedule Requested:

Original Date_____

Revised Date _____

Request Submitted by_____

Approving Physician Signature_____

Approval Date_____

Scheduling Staff:

_____Conflicts with request _____Outlook calendar

_____NPP/Physician notified of conflict with request

_____Scheduling Book _____Schedule/EPM Template

_____Hospital coverage/Call _____Reschedule list sent