



Cardiovascular Medicine, P.C.

PHYSICIAN TIME OFF REQUEST

Physician Name _____

Date Request Made _____

Reason: (circle one) Vacation Personal Conference

Time Off Requested:

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

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

Request Submitted by _____

Scheduling Staff Use Only

_____ Request Received (date & time)

_____ No Dr. Call

_____ Time off does not conflict with other physician request

_____ Weekend Call

_____ Time off does conflict with other physician request*

_____ Outreach Schedule

_____ Check for conflicts with office/DX Schedules

_____ Travel Arrangements

_____ Scheduling Book

_____ Schedule change Templated

_____ Outlook Calendar

_____ To Physician's Nurse & Supervisor

*If more physicians than allowed off, the additional physician time off has been approved by:

_____ Date _____

Conference attendance needs to be coordinated with your peers