

TIME OFF / VACATION REQUEST

Date of Request: _____

I request the following time off:

Reason: (check one)

- Vacation
- Conference
- Interview
- Medical Leave of Absence
- Bereavement
- Change original vacation time from: _____
- Unpaid leave
- Personal day in return for working the holiday on: _____
- Other: _____

Name and Signature _____

**Please give request to Sherry Frisbie.
Fill separate Call Change Request form if needed.**

For Official Use Only:

Scheduler Approval: _____
(Sign/Date)

- "Am I On" website updated
- Clinic schedule updated

Cc: Requestor
Chief Resident
Bookkeeper