

## Faculty Out of Office & Schedule change Request Form

University of Louisville Department of Medicine

Requests for Time Off should be made at least 90 days in advance

<b>Step 1: Faculty Member's Name (Last, First):</b> <hr/>		<b>Date Submitted:</b> 		<b>Type of Request (check one):</b> <input type="checkbox"/> Vacation <input type="checkbox"/> CME/Professional <input type="checkbox"/> Military <input type="checkbox"/> Sick <input type="checkbox"/> Personal <input type="checkbox"/> Bereavement <input type="checkbox"/> Other							
<b>Division:</b> <hr/>		<b>Faculty Signature:</b> 		<b>Date(s) Requested Out of Office:</b> 							
<b>Describe Details of Request &amp; Reason for Absence ( include meeting name, date(s), location, your role, etc.):</b> 											
<b>Clinical Locations Affected</b> <small>(Please check all that are affected)</small>	<u>HCOC</u> <u>Ste. 310</u>	<u>HCOC</u> <u>Ste. 370</u>	<u>HCOC</u> <u>Ste. 690</u>	<u>Sleep</u>	<u>AIM</u>	<u>550</u> <u>Clinic</u>	<u>Indiana</u>	<u>Springs</u>	<u>Motility</u>	<u>CHF/ BCC</u>	<u>Other</u>
<b>How many patients impacted?</b>											
<b>Describe your plan to accommodate:</b> 											
<b>Patients/Clinic Coverage:</b>				<hr/> Signature _____ Date _____  Signature of M.D Covering _____ Date _____							
<b>Make Up Dates: ( Not required for vacation days used.)</b>				<hr/> Signature _____ Date _____  Signature of M.D Covering _____ Date _____							
<b>Step 2: Approved by Division Director:</b>  Signature _____ Date _____				<b>Step 3: Approved by Chairman: (If &lt; 30 Days)</b>  Signature _____ Date _____							