

**Division of Gastroenterology, Hepatology and Nutrition
Faculty Request for Absence Form**

Name		
Date Submitted		
ABSENCE (ACADEMIC)		
Dates		
Educational Event		
ABSENCE (VACATION)		
Dates		
ABSENCE (SICK)		
Dates		
ABSENCE (MILITARY)		
Dates		
COVERAGE		
Service	Dates	Coverage Arrangements
ULH		
VAMC		
Jewish		
Norton		
On Call		
Clinic-AIM		
Clinic-VAMC		
Open Access-VAMC		
Service	Dates	Reschedule Date
Clinic-Private Office <small>(Clinic cancellation form needed)</small>		
Open Access-ULHCOC <small>(Clinic cancellation form needed)</small>		

Kristine Krueger, M.D.

___ Absence (Academic) Taken
___ Absence (Vacation) Remaining

___ Approved ___ Disapproved

Form to be submitted at least 30 days prior to anticipated absence with administrative/patient care obligations adequately covered or absence will be unexcused. No clinics may be canceled (only rescheduled). 20 days vacation are permitted each academic year.