

LEAVE REQUEST FORM
DEPARTMENT OF PSYCHIATRY

DATE: _____
 TO: _____
 FROM: _____

I would like to request permission to be absent from work as noted below:

TYPE OF LEAVE	DATES	# OF WORK DAYS
<input type="checkbox"/> Floating Holiday		
<input type="checkbox"/> Vacation		
<input type="checkbox"/> Medical Leave		
<input type="checkbox"/> Education or Conference*		
<input type="checkbox"/> Other		

TOTAL: _____

* Program Title: _____

Location: _____

Agency responsible for this travel reimbursement (CSAP, NIH, CFS, etc.)

Approved: _____ Date: _____
 (Supervisor)

CLINICAL FACULTY ONLY: COVERAGE WILL BE PROVIDED BY:

Chairman's Approval (Faculty only)

ROUTE TO:
 Marina Alvarez
 Administration and Finance