



Application for Leave of Absence

Date *:

Applicant Details

Last Name *:

First Name *:

Assigned Clinic/Office *:

Application Details

Type of Leave Request*:

Starting Date: Ending Date:

Other Schedule, (Describe):

Disclaimer

By putting my initials below I affirm that to the best of my knowledge the information provided above is accurate and final, and the changes to these will only be allowed with prior approval from the operations dept. I also understand that this application can be denied on the grounds of functionality constraints, e.g. unavailability of backup resource. By putting my initials below I also understand that this application will be considered un-approved unless otherwise dually approved by my coordinator and the management of Best Medical Care, PC.

Staff Initials *:

*** Denotes Mandatory Fields**

For Operations Use only

Replacement/Coverage Details:

Pre-approved by Site Coordinator :

Operations Dept's Remarks:

Printed & Filed to Staff Record

Notifications:

Applicant

Coordinator

Replacement/Backup Payrol

Authorized By :

Application Status*:

Date *: