

Clinical Faculty/Staff Leave Form

Name: _____

Discipline/Division: _____

Leave is to be taken from:

Annual <input type="checkbox"/>	Sick <input type="checkbox"/>	Birthday/Floating Holiday <input type="checkbox"/>
Education/Training/CME (40 hours annually – prior approval from supervisor) <input type="checkbox"/>		
Family Sick Leave <input type="checkbox"/>		
Additional Education & Training (requested and approved by supervisor) <input type="checkbox"/>		

Requested Leave Period (specify exact dates): _____

Detailed Explanation for Leave: _____

1. **Do you have course responsibilities (i.e., lectures and labs) you will be missing?** Yes No

If yes, who will be assuming your responsibilities? _____

Course Director Endorsement: _____

2. **Do you have APCA, ASOM, or other clinic responsibilities you will be missing?** Yes No

If yes, who will be covering your shifts? _____

APCA/ASOM Director Endorsement: _____

3. **Will you be missing Small Group Review sessions?** Yes No

If yes, check with the Director of Small Group Review to ensure there will be adequate coverage.

Small Group Review Director Endorsement: _____

4. **If you have other academic, administrative, or service duties that are ongoing, who will be covering your duties?**

Employee Endorsement: _____ Date: _____

Associate Dean/Officer Endorsement: _____ Date: _____

Note: Planned leave or vacation for faculty or staff should be requested 3 to 4 weeks in advance to avoid lack of coverage. Overtime compensation time is expected for hourly and classified employees only and not salaried-employees, as they are considered overtime-exempt. Salaries are estimated with the expectation to cover occasional overtime or weekends. Compensation time when given must be awarded by your supervisor.