

DEPARTMENT OF FAMILY MEDICINE

Request for Absence From Clinic & Teaching Program

IMPORTANT

This form is required for absences of one (1) or more days. You must submit the completed and signed form **at least 21 days** in advance of the expected absence.

Rady Faculty of
Health Sciences



UNIVERSITY
OF MANITOBA

ABSENCE REQUESTED BY

First Name: _____

Surname: _____

Signature: _____

Date Submitted: _____

Faculty

Non-Faculty

NOTIFICATION

Ensure that each of the following have been notified. An initial and date are required for each.

	Initials	Date
<input type="checkbox"/> Unit Director	_____	_____
<input type="checkbox"/> Clinic Manager	_____	_____
<input type="checkbox"/> Front Desk	_____	_____

The individual requesting the absence should be supplied with a copy of the approved form.

Requester given copy of approved form

EVENT INFORMATION

Dates: _____

Will you be available by pager / mobile phone?

Yes No

REASON FOR REQUEST

- Vacation
- Conference
- Stat (in lieu of): _____
- Other: _____

APPROVAL FOR ABSENCE

(TO BE COMPLETED BY UNIT DIRECTOR FOR FACULTY,
CLINIC MANAGER FOR STAFF)

I agree to the absence described above.

Supervisor

Date

COVERAGE

Please ensure all patient bookings, on-call responsibilities, meetings, and scheduled educational activities have been rescheduled or arrangements made for coverage.

Information related to coverage, if known:

SUPERVISOR'S NOTES (IF NEEDED)

SUBMISSION

Print and complete the form with necessary signatures. Submit the form to your Unit Director or Clinic Manager for approval.