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| Requestor Name:Click here to enter text. | Date:Click here to enter a date. |

**Absence Request Form**

**Faculty/Physician/Staff**

**THIS FORM SHOULD BE SUBMITTED BEFORE COMPLETING TRAVELWAYNE**

**Instructions:** Requests for time off are granted based on staffing, availability of accrual time, and the operational needs of the unit (unless a personal or family emergency is involved). At least 60 days is required advance notice for Clinical/Precepting duties. When planning for a personal or business related absence:

1. **confirm your own time availability** and remember **to log time off** in appropriate time tracking system (WSU web-entry or Kronos if WSUPG is primary employer)
2. business travel, **attach** registration info, program details or speaking engagement invitation, etc. This is also needed in WSU TravelWayne and you must include Mercedes Hendrickson in **approval flow** before your Supervisor. All clinicians must get **Chair prior approval** via email if requesting WSUPG reimbursement for travel expenses (attach approval email to absence request).
3. **complete all parts of this form**
4. send this form via email or hardcopy to your Site Director/Supervisor **to obtain approval** with Cc to Judith Magdalenic. Division of Behavioral Sciences should include Carolyn Blue in the approval flow. Clinical and residency staff should include your location’s designated supervisor (i.e. Clinical Manager) in addition to Judith Magdalenic.
5. Family Medicine physicians use this form then send the request to Rose Moschelli or Sarah Furguson for Dr. Morris’ approval. After approval, Rose/Sarah will send the form to Judy. NOTE: WSUPG travel expenditures must be approved by Chair prior to requesting time off (attach approval email to absence request).
6. Upon receipt of the original or a pdf copy of the signed absence request form, Judy Magdalenic will log time on the departmental Outlook calendar.

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| Type ofTime-Off Request | FirstDate Off | IndicateFull/AM/PM | LastDate Off | IndicateFull/AM/PM | Date ReturningTo Work | Work DaysOut of the Office |
| Vacation | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Personal | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Any purpose | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Illness | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Floating Holiday | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| CTO (WSUPG only) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Business Travel\*(attach info) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| CME\*(attach info) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Prof. Devel.\*(attach info) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Bereavement | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| Jury Duty | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| FMLA (must have advanced HR approval) | Click here to enter a date. | Choose an item. | Click here to enter a date. | Choose an item. | Click here to enter a date. | Click here to enter text. |
| \*Brief description of travel, CME or Professional Development Activity (attach registration info, program, details, speaking engagement invitation, meeting agenda, etc.): **Include conference name and location (city/state):**Click here to enter text. |
| Manager Signature or email approval (NOTE: residency/clinical faculty must receive approval from Dr. Morris (see 5 above). WSUPG expenditures must be approved by Chair in advance of travel (see 2 & 5 above). | Approved |[ ]  Denied |[ ]  Click here to enter a date. |

**If Applicable:** Logged in NI [ ]  Updated Time-Off Log [ ]  Entered in IDX/PerfectServe [ ]  Email to Faculty [ ]

 Sent to Judy Magdalenic [ ]  Added to Department Calendar & Filed [ ]