

**Department of Family Medicine  
University of South Alabama**

**REQUEST FOR ABSENCE FROM WORK**

I. \_\_\_\_\_  
Name Date of Request

II. I request permission to be absent from my regular duties for a period of \_\_\_\_\_  
consecutive calendar days:  
\_\_\_\_\_ to \_\_\_\_\_ (Inclusive)

III. The purpose of my absence is:  
\_\_\_\_\_ PTO  
\_\_\_\_\_ Meeting (please attach University COM Request to be Absent Form)  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

IV. Approval:  
  
Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Allen Perkins, M.D.

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cc: Clare King, Project Director (Scheduling)  
Tangela Atkinson, M.D., Medical Director  
Liz Kirby, Asst Admin  
Michael Barlow, Practice Operations Coordinator