

Department of Family Medicine  
University of South Alabama

REQUEST FOR ABSENCE FROM WORK  
FACULTY

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 (attach University COM Request to be Absent Form)  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

IV. While absent, my primary proxy doctor will be: \_\_\_\_\_

V. Approval:  
Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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cc: Anthony Beck  
Clare King  
Jamie McKinley  
Faculty Admin  
Triage