

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. Approval:
Medical Director: _____ Date: _____
Department Chair: _____ Date: _____

cc: Anthony Beck, Nurse Manager
Clare King (Scheduling)
Connie Kling (Scheduling)
Faculty Admin