

## Department of Obstetrics and Gynecology – Time and Leave Request

Name: \_\_\_\_\_

### I. PURPOSE/TRAVEL: AN APPROPRIATE REASON MUST BE CHECKED BELOW

- Continuing Education/Meeting for Professional Development
- Participant - National/Regional/Local Organization as an Officer/Committee member/Speaker (no honorarium)
- Participant - National/Regional/Local Organization as Speaker (with honorarium)

Travel directed by Chairman/Administration? Yes  No

Attach an OA-1 Form for all Off Campus Travel Yes  No

Attach MCG Travel Request with Estimates and Details Yes  No

If you are serving in a Clinical Support Position you must submit a Change of Schedule Notification Form/Leave Request 45 days in advance if your clinic or appointments are affected. Per MCGHI Policy 14.03, Cancelled/Bumped Appointment Process. (Note Section III coverage below.)

MEETING NAME			
LOCATION		City:	
DATES OF MEETING			
ESTIMATED COST			

### II. PURPOSE/PERSONAL LEAVE (Approximate category must be completed below)

ANNUAL LEAVE	(      days      hours)	UNSCHEDULED HOLIDAY	(      days      hours)
DATES OFF WORK		TIMES:	
DATES OFF WORK		TIMES:	
SICK LEAVE (      days      hours)			

### III. COVERAGE (Appropriate coverage must be listed by name of person supplying the coverage)

OUTPATIENT CLINICAL COVERAGE	<input type="checkbox"/> IDX Change of Schedule Submitted	NA
INPATIENT CLINICAL COVERAGE (OR/ASU/L&D)	<input type="checkbox"/> IDX Change of Schedule Submitted	NA
POPS COVERAGE		NA
EDUCATIONAL COVERAGE		NA
ADMINISTRATIVE BACKUP	Must include backup coverage signature	NA
DATE	EMPLOYEES SIGNATURE	

### IV. APPROVAL ROUTING

Initials/Signature

Date

1) RESIDENT OFFICE		
2) SECTION/DEPARTMENT (ATTENDING)		
3) MANAGERS OFFICE (FUNDING)		
4) DEPARTMENT CHAIRMAN	<input type="checkbox"/> CE <input type="checkbox"/> OC <input type="checkbox"/> AL <input type="checkbox"/> Grant	