

**QFPC FACULTY
ABSENCE/CHANGE REQUEST**

Name:

Type of Leave: (check one)

Vacation

Sick

SIU Teaching & Other University Business*

*Please state reason

Education* - includes Conferences and CME

*Please give name of conference & where or attach brochure

Date & Time leaving:

TO

Date & Time returning to work:

Do you have any duties that need to be covered other than clinic (ie: OB, QU, NH, etc.)

Yes No If yes, what:

Signature:

Date:

**If more than 2 physicians request to be gone during the same time, it will be reviewed by Dr. Kruse.