

**BRONX LEBANON HOSPITAL CENTER
DEPARTMENT OF MEDICINE
LEAVE REQUEST**

Date: _____

Name: _____, I am requesting the following time off,
from _____ to _____. Number of Days: _____.

I will return to work on _____.

Physician Initials

I have completed my charts before leaving on Vacation _____

I have reviewed all my Secure Health Messages _____

During my absences I have forwarded my inbox/SHM to _____

Dr. _____.

Please charge to: Vacation _____

Holiday _____

Personal _____

CME _____

I would like my check in advance: Yes _____ No _____

Employee's Signature: _____

Administrator/ Division Chief Approval _____ **Date:** _____

Chairman's Approval _____ **Date:** _____