

**Department of Anesthesiology and Critical Care Medicine  
Vacation and Meeting Request  
for  
Clinical Faculty and CRNAs**

Directions: 1) Complete form and submit to Division Chief for signature  
2) Forward signed request to Dr. Jackie Martin's office - Tower 711

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Division: \_\_\_\_\_

I will be absent from the Hospital from \_\_\_\_\_ Through: \_\_\_\_\_

<b>BREAKDOWN OF TIME REQUESTED</b>
<b>Vacation:</b>
<b>Meeting - Presenting/Committee Days(s) Presenting</b>
<b>Meeting - Other (e.g. not presenting)</b>
<b>Visiting Professorship</b>
<b>Other</b>

Please note that if the Department is to fund a meeting, original receipts must be presented to properly process and assure reimbursement. Also, **Please submit you request at least two months prior to meeting/vacation.**

**\*\*\*BROCHURE AND/OR LETTER OF INVITATION MUST BE ATTACHED\*\*\***

If Absence is a meeting which will require reimbursement:

\_\_\_\_\_ FEA (approximate amount)  
 \_\_\_\_\_ Gift Funds  
 \_\_\_\_\_ Grants, Contracts  
 \_\_\_\_\_ Other financial arrangements have been made (please explain) \_\_\_\_\_

\_\_\_\_\_  
 DIVISION CHIEF APPROVAL (signature) Date

\_\_\_\_\_  
 JACKIE MARTIN, M.D. Date  
 DIRECTOR OF MANPOWER