



OAKCARE
MEDICAL
GROUP

Physician Time Off Request Form

DEPARTMENT OF MATERNAL CHILD HEALTH
Return completed form to: Kathia Diaz: kdiaz@alamedahealthsystem.org
and Cord Valentine: cvalentine@alamedahealthsystem.org

Date of Request:	
Clinician's Name:	
Time Off Requested:	thru:
Choose One: Time Off CME Emergency	
Return to work on:	
Total number of hours requested:	Total number of days requested:

Please list all affected clinic days:

1.	3.
2.	4.

Please list all affected OR days:

1.	3.
2.	4.

Please list all affected rounding/L&D shifts:

1.	3.
2.	4.

Signature:

Request: Approved Denied	Approved by:
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Vacation/ CME time off requests:

- Submit at least 120 days prior to the requested modification / time off.
- Request granted on "first come" basis. First two requests will have priority.
- Only approved requests will be posted on AMION.
- Pending requests are located on the Vacation Request Log (MCH Shared Drive)