



REQUEST FOR LEAVE OF ABSENCE

NAME: _____
(Please print)

HOME ADDRESS: _____

HOME PHONE: _____ HOME FAX: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Please check the appropriate box. I am requesting a Leave of Absence due to:

MEDICAL _____
Please explain

PERSONAL (Non-Medical)

OTHER _____
Please specify: i.e. additional training

Start Date: _____

Signature: _____

****Please be aware that physicians taking a leave of absence are still required to pay annual Medical Staff dues.****

Attachment: Medical Staff Bylaws, Article VI, Section 6.7 Leave of Absence.

Please fax to Nana Aliifua, Medical Staff Services, (310) 784-8762