

Provider Leave Processing Request:

Today's Date: _____

YTO ☐

From: _____ To: _____

Return to work date: _____

Total days / hours requested: _____

Schedule Blocked: No ☐ Yes ☐

CME ☐

From: _____ To: _____

Return to work date: _____

Total days / hours requested: _____

Schedule Blocked: No ☐ Yes ☐

MRA ☐

From: _____ To: _____

Return to work date: _____

Total days / hours requested: _____

Schedule Blocked: No ☐ Yes ☐

Provider Name (Print) _____

Provider Signature _____

CMO Approval _____

Submit to Dr. McGowan