



OAKCARE  
MEDICAL  
GROUP

## Physician Time Off Request Form

DEPARTMENT OF MATERNAL CHILD HEALTH

**Return completed form to:**

Kathia Diaz: [Kdiaz@alamedahealthsystem.org](mailto:Kdiaz@alamedahealthsystem.org)

Sophie Shabel: [Sshabel@alamedahealthsystem.org](mailto:Sshabel@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 90 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)