

Physician Leave Authorization Form (PLAF)

TRADITIONS BEHAVIORAL HEALTH

Part I: Doctor

Doctor: Please fill out the following information. Then have your administrators approve and initial Part II.

Name	Type of Leave		
	Leave WITH pay (PTO - vacation or sick time)	Leave WITHOUT pay	
Last Day of Work	Days Requested Off		Total Hours Off
	to		

If you give TBH less than three months notice, you are responsible for arranging coverage.

Rounds and On-Call Coverage to be provided by:

Covering Physician Name	Phone number	Signature	Facility / Unit	Dates Providing Coverage
				to
				to
				to
				to
				to

Physician Signature

E-Mail (to receive confirmation)

Date

Part II: Administrator(s)

Administrator(s): please check "Yes" if you approve of the requested physician leave, then sign and date. Please provide sufficient advance notice to your units with who is covering, when they are covering, and their contact phone/pager number.

Facility / Unit	Approve?	Administrator Signature	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part III: TBH

Doctor: When you are finished, fax to TBH.

Fax: (707) 253-0457

TBH Staff

Date