



# MEDICAL SOCIETY STAFFING

A DIVISION OF THE MEDICAL SOCIETY OF METROPOLITAN PORTLAND

Direct Hire • Temp to Hire • Temporary Staffing • Wage/Benefit Survey

## REQUESTED TIME OFF AND ABSENCE FORM

**Notice.** If the reason for Sick Time is for a foreseeable absence, such as a prescheduled medical appointment, employees must provide a written request for time off 10 days prior to the date the Sick Time is to begin, or as early as possible in advance of the leave. If known, employees should include in the request the anticipated duration of the Sick Time needed. Employees must make a reasonable attempt to schedule the use of foreseeable sick time in a manner that does not unduly disrupt the operations of MSS. Employees who are absent for reasons that are not foreseeable must advise MSS of the need for Sick Time as soon as possible and follow the MSS call-in policy for absences (see policy on Attendance and Punctuality).

**Please complete this form and return it by fax to 503 222-3164.**

**Employee Name:** \_\_\_\_\_

**Reason for absence:** \_\_\_\_\_

**Name of clinic where working:** \_\_\_\_\_

**Date of Absence or Time Requested:** \_\_\_\_\_

**Number of hours needed off:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

### OFFICE USE ONLY

**Unpaid:**  **Paid Time:**  (Paid time off is after a 90 day waiting period.)

**Time off Request Approved:** Yes  No

**Comments/Notes:**