

East Tennessee State University
James H. Quillen College of Medicine
Department of Psychiatry and Behavioral Sciences
P.O. Box 70567, Johnson City, TN 37614-1707
(423) 439-2233 Fax (423) 439-2230

REQUEST for ADMINISTRATIVE LEAVE

Name: _____ Date _____

Dates of Allowable Activity: _____ through _____

_____ through _____
Actual Date and Time to Leave Actual Date and Time to Return

(Note: ETSU allows one day of travel before and after certain allowable activities. Additional days of travel will require completion of an Annual Leave sheet.)

Date and time I will return to work: _____

Actual # of administrative days this trip: _____

Destination: _____

Purpose: _____

_____ has agreed to provide University Call Coverage

_____ covering physician SIGNATURE

_____ covering physician SIGNATURE – “Fill and Sign”

_____ has agreed to provide Resident Clinic Coverage

_____ covering physician SIGNATURE

_____ covering physician SIGNATURE – “Fill and Sign”

Additional Comments or Coverage: _____

Emergency phone numbers: _____

Travel by: Air Car Insurance only (NO COST)

Expenses paid by: _____ (ETSU account number or MEAC pre-tax)

APPROVED: _____

C. Allen Musil, Jr., MD, Chair of Psychiatry Date

PLEASE NOTE: ALL ADMINISTRATIVE LEAVE AND TRAVEL REQUESTS MUST BE SUBMITTED IN ADVANCE: IN COUNTRY/UNITED STATES – 4 WEEKS; OUT OF COUNTRY – 8 WEEKS. ALONG WITH THIS REQUEST, PLEASE ALSO SUBMIT A COPY OF THE MEETING INFORMATION, BROCHURE OR CORRESPONDENCE AND A COMPLETED TRAVEL REQUEST FORM. (Revised 1/21)