

A-Time Request Form

Name: _____

Date of Request: _____

Requested A-Time:

Number of days requested: _____

(Eg. Need "x" days per week for "y" weeks

Eg. Need "x" days in a row)

Time span requested: Begin: _____ To: _____

Reason for Request:

Planned Results of Using these A-Days:

(Eg. Grant Submission; Article Submission; Chairmanship of Committee;

Committee report produced; New clinical initiative)

Expected Date of Completion: _____



Time from Pool granted: _____

Accepted by

Reviewed by:

Further review by A-Time Committee needed:

YES NO

YES NO

Dr. Joel Parlow

Dr. Ted Ashbury

Date

Date