

## **Request Form for Time Off the Random Call Schedule**

Name \_\_\_\_\_ ID # \_\_\_\_\_

Associate Director \_\_\_\_\_

Today's Date \_\_\_\_\_

Dates I will be unavailable for testing: \_\_\_\_\_ to \_\_\_\_\_

I am providing at least 2 weeks' notice: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain \_\_\_\_\_

Reason for unavailability and location: (e.g.: vacation, CME course)

I will **not** be practicing medicine during this time. YES \_\_\_\_\_ NO \_\_\_\_\_

If you **will** be practicing medicine, please explain why you need to be excused from testing.

**If vacation is more than 2 weeks (16 days)** I understand the following apply. YES \_\_\_\_\_

In the event I am traveling or otherwise unavailable for testing for more than a two-week period (>16 days), I understand I need to the following:

- (1) provide my PHS associate director with the scheduled dates of my leaving and return
- (2) be drug tested upon my return
- (3) not practice medicine until the test result is received by PHS and is negative
- (4) submit to two drug tests per week for the first two weeks following my return.

I also understand that unavailability for testing of two weeks or more (>16 days) is subject to the approval of the director of PHS. Future letters of compliance written on my behalf may exclude such periods of time in which my compliance was not documented. The length of this contract may be extended based on the length of time of any extended absences in monitoring.

**Is time off within the first 12 weeks of testing?** YES \_\_\_\_\_ NO \_\_\_\_\_

If time off is within the first 12 weeks of testing, I understand I cannot miss any weekly random tests and may need to set up testing with PHS during travel.

I have received approval from my Associate Director. YES \_\_\_\_\_ NO \_\_\_\_\_

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(PHS only) MSA confirmed AD approval. \_\_\_\_\_ (date)

MSA has sought DIRECTOR review for time off > 16 days. YES \_\_\_\_\_ NO \_\_\_\_\_