

Request for Absence from Clinical Experience

Submit to the Clinical Coordinator Ashley Guy MS, ATC for approval and to be filed in student's permanent folder.

Name: _____ ID #: _____

I am requesting advance approval for absence from assigned clinical experience(s) on the dates and times listed below. In anticipation of my absence and in consideration of the need for someone to cover my responsibilities as well as all related scheduling I will find a replacements as listed.

	Time	Day	Month	Date	Year	Assigned Clinical Experience	Replacements
From:							1.
To:							2.
	Time	Day	Month	Date	Year	Assigned Clinical Experience	Replacements
From:							1.
To:							2.
	Time	Day	Month	Date	Year	Assigned Clinical Experience	Replacements
From:							1.
To:							2.

Details of Clinical Experience on dates requested to be excused:

Reason for Absence:

 Requesting ATS Signature: _____ Date: _____

.....
Replacement coverage (if applicable):

 Replacement Signature: _____ Date: _____

Replacement Signature: _____ Date: _____

Replacement Signature: _____ Date: _____

Alternative Schedule (if applicable):

 Preceptor Signature: _____ Date: _____

Clinical Ed. Coordinator Signature: _____ Date: _____