

# Request for Change in Physician's Schedule

To: Template Manager

From: Dr. \_\_\_\_\_

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Reason for Change: \_\_\_\_\_

Dates of Change: From: \_\_\_\_\_ Through: \_\_\_\_\_

Return to Work On: \_\_\_\_\_

Time Change: Hours Cancelled: \_\_\_\_\_

Hours Added: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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## **\*\*20 Working Days Notice is Required for all Changes\*\***

All requests for clinic cancellations must be approved by the Division Chief and received by the template manager within 20 working days of the scheduled clinic. Pre-approved requests not received within 20 working days prior to the scheduled clinic will not be cancelled and will be covered by another physician assigned by the Division Chief from the respective Division.

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Division Chief: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_

c: Department Chair

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## **For Office Use Only**

Changes Made: \_\_\_\_\_  
Date of changes      Initials      # Patients Affected      Date Request Rec'd