



# LEAVE REQUEST

**Instructions:** The HPRP licensee must discuss vacation or other leave plans with his/her Therapist and Addictionist/Psychiatrist, then complete this document and have the provider sign and fax it to the designated HPRP case manager *at least two (2) weeks in advance*. Please note that this form must be used for emergency leaves as well, even though advanced notice may not be possible, i.e. in the case of a funeral or an accident, etc. **It is the responsibility of the Licensee to confirm with his/her case manager that the Leave Request has been received and processed.**

### I. TO BE COMPLETED BY LICENSEE

REGULATORY MONITORING    NON-REGULATORY MONITORING

Licensee Name: \_\_\_\_\_ Phone # \_\_\_\_-\_\_\_\_-\_\_\_\_\_

ID Number: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Zip Code of Destination \_\_\_\_\_

Submission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Leave **Start Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_   Leave **End Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of Leave:    Vacation    Business    Death    Legal    Medical

I request to be excused from AA/Caduceus Meetings

Destination and additional comments:

### II. TO BE COMPLETED BY PROVIDER(S)

#### Therapist

I support this request    Yes    No   \_\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_  
Therapist Signature   Date

Therapist comments:

#### Addictionist/Psychiatrist

I support this request    Yes    No   \_\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_  
Addictionist/Psychiatrist Signature   Date

Addictionist/Psychiatrist comments:

### III. FOR HPRP USE ONLY

#### Case Manager:

Request is approved:    Yes    No   \_\_\_\_\_   \_\_\_\_/\_\_\_\_/\_\_\_\_  
Case Manager Signature   Date

Case Manager comments:

P.O. Box 842 · Troy, Michigan 48099-0842 · (800) 453-3784 · Fax: (248) 519-0373