



LEAVE REQUEST

Instructions: The HPRP licensee must discuss vacation or other leave plans with his/her providers, complete this document and have **all** providers sign and fax it to the HPRP case manager *at least two (2) weeks in advance*. 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.

*Please note, proof of travel including plane/train tickets, hotel confirmation, gas receipts, etc. may be required. If a collection site is not available at the travel destination special testing will be required upon return.

It is the responsibility of the licensee to confirm with your case manager that the leave request has been received and approved.

I. TO BE COMPLETED BY LICENSEE

Licensee: _____ Case Manager: _____

Destination City: _____ State: _____ Zip Code: _____

Form 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

Comments:

TO BE COMPLETED BY PROVIDER(S)

Therapist

I support this request Yes No _____

Therapist Signature

Date

Therapist comments:

Addictionist/Psychiatrist/Pain Specialist

I support this request Yes No _____

Addictionist/Psychiatrist/Pain Specialist Signature

Date

Addictionist/Psychiatrist/Pain Specialist comments:

III. FOR HPRP USE ONLY

Case Manager:

Request is approved: Yes No _____

Case Manager Signature

Date

Case Manager comments: