



# 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. will be required. For international and/or cruise travel, a travel itinerary must be provided. 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 1: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Range: \_\_\_\_\_

Destination City 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Range: \_\_\_\_\_

\*Please note additional destinations in comments or separate sheet

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

Purpose of Leave:  Vacation  Business  Death  Legal  Medical

I request to be excused from Mutual Help/Caduceus Meetings

Comments:

## 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: