SAINT PETER'S HEALTHCARE SYSTEM
254 Easton Avenue
New Brunswick, NJ 08901
732-745-8600 • www.saintpetershcs.com

Medical Staff Affairs Department
Main Telephone Number 732-745-8600 ext. 8577
Main Fax Number 732-545-7010
Department Hours of Operation Monday to Friday 8:00am-4:30pm

REQUEST FOR LEAVE OF ABSENCE

FIRST NAME, LAST NAME, TITLE	
DEPARTMENT	
SECTION	
I hereby request a voluntary leave of absence from Saint Peter's University Hospital. I understand for this request to be approved I am required to complete any outstanding medical records. As of the effective date below, I may not provide any patient care or otherwise exercise any clinical privileges.	

LEAVE OF ABSENCE REQUEST Select one	☐ 1st Request [For a maximum 6-month period] ☐ 2nd Request [For a maximum 6-month period]
DESIRED EFFECTIVE DATE	
REASON FOR REQUEST	
PRIMARY EMAIL ADDRESS Upon approval of this request, you will receive notification of action to the identified email address.	
PRIMARY FAX NUMBER Upon approval of this request, you will receive notification of action to the identified fax number.	

[Print] First Name, Last Name, Title: ____________________

Signature: ____________________ Date: ____________

TO BE COMPLETED BY DEPARTMENT CHAIR

☐ Approved

[Print] Department Chair: ____________________

Signature: ____________________ Date: ____________

Revised Date 06/08/23
Approved Date 06/08/23