

LEAVE OF ABSENCE REQUEST FORM

(may be completed verbally by phone or POA can submit this in writing to the screening desk)

Resident name: _____

Departure date: _____

Return date: _____

Planned activities: _____

(if possible, include information about activity, location, number of people expected to be present, etc)

REQUEST MADE BY:

NAME: _____

DATE: _____

TELEPHONE: _____

INFECTION CONTROL PRACTITIONER REVIEW:

REQUEST APPROVED

REQUEST DENIED

Reason for denial:

Infection Control Practitioner Signature: _____ Date: _____

- Form provided to screening desk
- Alert on dashboard to inform staff