

QUARTERS/CONVALESCENT LEAVE REQUEST FORM

QUARTERS/CON LEAVE REQUESTS CAN BE INITIATED PRIOR TO PROCEDURE, BUT OFFICIAL AF FORM 988 WILL NOT BE GENERATED UNTIL AFTER WE VERIFY YOUR PROCEDURE OCCURRED

Today's date: _____

Patient's name/rank/service: _____

Patient's date of birth: _____

Patient's contact #: _____

Patient's CC's e-mail and contact # (for notification of leave): _____

Unit fax # (to send completed form): _____

Date of procedure/provider: _____

Hospital performing procedure: _____

Diagnosis/Procedure: _____

Recommended time off (from provider): _____

PLEASE INITIAL BY EACH STATEMENT BELOW ACKNOWLEDGING UNDERSTANDING:

- 1. You must provide any paperwork associated with your request and/or procedure to the front desk. _____**
- 2. Paperwork must include (at a minimum) your diagnosis and duration of quarters or convalescent leave. If not included, the process will be delayed. _____**
- 3. Your request will be reviewed by the provider by close of business. _____**
- 4. If all information is received, your request will be processed within 24 hours and you will be notified at the number listed above. _____**
- 5. Please contact us at 781-225-6789 if you don't hear back from us after 24 hours. _____**

FOR CLINICAL USE ONLY

T-con initiated by: (initial and date) - _____ Request given to: _____ @ _____: