736 Irving Avenue
West Tower/ 4th Floor
Syracuse, NY 13210
Phone#: 470-7646 Fax#: 470-7649
email address: sudhaatluri@crouse.org

TO: President of the Medical Staff
Medical Affairs
Crouse Hospital
736 Irving Avenue
West Tower/ 4th Floor
Syracuse, NY 13210

FROM: __________________

SUBJECT: **LEAVE OF ABSENCE**

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Dear Doctor:

Due to my circumstances, I do request:

___ Administrative Leave of Absence

___ Medical Leave of Absence

Duration:

____ One Month

____ Six Months

____ One Year

Respectfully Submitted,

______________________
Signature

______________________
Print Name