



MOUNT SINAI
SCHOOL OF
MEDICINE

**NEUROSCIENCE DEPARTMENT
PLANNED ABSENCE FROM MEDICAL CENTER**

Name:

First Day Away:

Return to Work Date:

Who in your department or institute will act on your behalf while you are away?

Name:

Phone:

Reason for Absence

I. Academic Activity Related to My Work at Mount Sinai *(If you receive compensation, report the activity in this section only if it is either: a) a one-time lecture paid directly by an academic institution; or b) a study section or scientific proposal review for the government or a not-for-profit entity. Other paid activities should be reported in Section II.)*

	Paid?	Name of Organization	Location
Lecture at another school/hospital			
Lecture at a professional conference			
Attend professional conference			
NIH Study section			
Other (describe)			

of Weekdays Away _____

II. Paid by Industry or Foundations*

	Name of Corporation/Organization	Location
Consulting		
Advisory Board		
Lecture		
Expert Witness/Medico-legal		
Other (describe)		

of Weekdays/ AND Weekend Days Away _____

**These activities are addressed in the Policy on Financial Relationships with Outside Entities <http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/faculty-handbook/faculty/full-time-faculty>, Section E.*

III. Vacation/Free Days

of Weekdays Away _____

**Questions? Contact your Fund Admin
Please email this form to your Fund Admin**