

NASH FAMILY DEPARTMENT OF NEUROSCIENCE
PLANNED ABSENCE FROM MOUNT SINAI 2023

Name: _____

First Day Away: _____	Return to Work Date: _____
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Who in your department or institute will act on your behalf while you are away?

Name: _____	Phone: _____
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Reason for Absence

I. Academic Activity Related to My Work at Mount Sinai *(In this section report: a) unpaid lectures or advisory service at academic institutions, study sections, scientific proposal review for the government or a not-for-profit entity; and b) paid activities if payment is directly from the academic institution.)*

	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* *(Report lectures paid directly by another academic institution, a government agency or a not-for-profit (other than foundations) in Section I above)*

	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 in the Faculty Handbook at <http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/faculty-handbook/faculty/full-time-faculty>

III. Vacation/Free Days

of Weekdays Away _____

IV. Sick Days

of Weekdays Away _____