



2019 “PhD” REQUEST

ANNUAL PHYSICAL DAY

1. This form must be submitted no later than one (1) week prior to your scheduled appointment
2. **IMPORTANT:** To avoid disruption and/or adjustment to your pay, your proof of doctor’s visit – the properly completed Physician Checklist - must be turned in to HR by 10am the following Monday.
3. If you did not use this day for your annual physical and there was no justifiable reason that you didn’t, then one (1) day will be deducted from your vacation or personal time.
4. Approval is subject to date of last annual physical which must be no less than 11months prior to this year’s requested physical date.

Employee Name:	
Today’s Date:	/ /
Requested Physical Date:	/ /
Date of last Physical:	/ /
Employee Signature:	
	Employee agrees that if this day is not used for annual physical appointment, then one (1) vacation or personal day will be deducted from employee’s time.
Manager Approval:	
Approval Date:	/ /
Routing: Supervisor → HR	

HR Use: Issue date: / / **HR Approval:**