

Photo Release

This Photo Release (“Release”) is made effective on this _____ day of _____, _____, I, _____, hereby grant and authorize Clinical Associates, PA the right to edit, alter, copy, any and make use of all photos and or videos taken of me to be used in and/or for promotional materials without payment or consideration. This grant of the use includes but is not limited to publishing, internet and emails, magazines, pamphlets, advertisement flyers, and in whatever other manner that Clinical Associates, PA finds useful or for any other lawful purpose.

I understand and agree that these materials will become Clinical Associates, PA property and will not be returned. This Release extends to all formats, media, languages, and formats now known or hereafter developed. This Release shall continue indefinitely, unless Clinical Associates, PA otherwise revokes said Release in writing.

In addition, I waive any right to royalties or other compensation arising or related to the use of the photos. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

Printed Name

Date

Signature

Clinical Associates, PA
Professional Development
Time Off Request
(see **Employee Time-Off Request Form** for other types of absences)

Postdoctoral Fellow – Check Each Box

Complete all fields

Time-Off Request ≤ Days ≤ Hours

Beginning: _____

Ending: _____

Attach required documentation to this request form:

- Personal
- Workshop/conference: Event description from vendor, including dates and costs, registration confirmation (if registered).
- Other professional activity

Email the electronic-signed completed form to supervisor for approval at least 14-calendar days prior to the start of the course

Signed: _____ Date: _____

Training Director/Supervisor

Review the Request form

Process the approval – supervisor’s decision if approved or denied

 ≤ Approved ≤ Denied

Email employee and director/supervisor with approval confirmation within 5 business days of receipt and reason for denial of request if applicable

Signed: _____ Date: _____

Clinical Associates, PA
Employee Time-Off Request Form

Today's Date _____

Employee's Name _____

Time-Off Request ⅈ Days ⅈ Hours

Beginning on _____

Ending on _____

Reason for Request*

- ⅈ Vacation ⅈ Personal Leave ⅈ Funeral/Bereavement
- ⅈ Jury Duty ⅈ Family Reasons ⅈ Medical Leave
- ⅈ To Vote Other _____

(*See Professional Development Request form if reason is Professional Development)

I understand this request is subject to approval by my employer.

Employee's signature: _____ Date: _____

Employer's Decision

- ⅈ Approved ⅈ Rejected

Employer's Signature _____ Date: _____

Print Name

Clinical Associates, PA
Professional Development
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Time-Off Request

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