

# Locum Tenens Request Form



Please complete and sign this form and then email to [seamo@queensu.ca](mailto:seamo@queensu.ca).

**Date:**

**Department/Division:**

**Name of locum physician:**

**Proposed source of funding (e.g., SEAMO, fee-for-service):**

**Permission to retain vacancy savings to fund locum:** **Yes** **No**

**Need for locum services:**

**Overview of services to be provided:**

**Start date:**

**End date:**

**Department Head name:**

**Department Head signature:**

**SEAMO Office Use Only**

**Date received:**

**Date approved:**

**Signature:**

Issued: 20 September 2016