

Locum Tenens Request Form

Please complete and sign this form and then email to 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: