



INDIANA STATE NURSES ASSISTANCE PROGRAM
 2915 N. High School Rd., Indianapolis, IN 46224
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 www.IndianaNurses.org

VACATION REQUEST

THIS FORM NEEDS TO BE SENT TO ISNAP – 2 WEEKS PRIOR TO REQUEST DATE
• ONE REQUEST PER FORM •

ISNAP wants to support your recovery at ALL TIMES. Therefore, it is important that you PLAN for any changes in your daily/weekly routine; especially for vacations, workshops or conferences. You need to ask yourself:
“How am I going to assure MY ongoing recovery, while I am away?”

Please discuss your plans with Your Addictionist, Your Therapist, Your Work Site Monitor or Your Sponsor, as appropriate; receiving their support for your time away, is VERY important! This request REQUIRES approving signature from ONE of the following: Your Addictionist, Your Therapist, Your Work Site Monitor or Your Sponsor.

Date of Request _____

Licensee's Name: _____
 (Please Print Clearly)

Effective Date of RMA: _____

Dates you are requesting to be excused:

From: _____ To: _____

Are you planning on attending AA/NA/NSG meetings while away? No Yes

When will you make up the missed meetings? _____

Are you requesting an 'excused' UDS while gone? No Yes

Signature of: Addictionist / Therapist / Work Site Monitor / Sponsor _____ Date _____

FOR ISNAP USE ONLY:

_____ Request APPROVED _____

_____ Requires Further Action _____

_____ Request DENIED _____

ISNAP Signature _____ Date _____