



Expanding, Enhancing Emotional Health (E3)

E3 Provider Vacancy Notification

Complete this form and submit to your assigned E3 Agency Consultant within 10 days of a provider vacancy

Sponsoring Agency Name

E3 Site Name

Name of Person Completing this Form

Email Address

Telephone Number

Name of Provider and Title

*Date Provider Absence Begins Planned or
Unplanned Vacancy?*

Planned Unplanned

Expected Date of Return or New Hire

Is a request for a budget amendment expected as a result of this vacancy? Yes No

Plans for Provider Coverage During this Absence

Plans for Mental Health Crisis Coverage During this Absence

