

EMERGENCY MEDICINE DEPARTMENT
RESIDENT LEAVE REQUEST FORM
(For Medicine Rotations)

NO VACATION LEAVE is allowed during WARDS, ICU, and CARDIOLOGY rotations.

Emergency requests will be reviewed on a case by case basis.

Resident Name: _____
Print or Stamp Name

PGY Level: _____ Date Submitted: _____

ROTATION: _____ ATTENDING: _____
Print Name

REQUESTING LEAVE:

from _____ to _____
Date Date

REASON FOR REQUEST: _____

Resident Signature: _____

Will Resident be present at least 3 weeks in order to get credit for this rotation?

TYPE OF LEAVE BEING REQUESTED:

Sick *Educational
 *Administrative

*Please complete box below if requesting Educ. or Admin. Leave.

Destination: _____
 Date/Time of Departure: _____

Office Use Only

Total # of days requested:

SICK	ADMIN	EDUC

WARD, CALL OR OTHER RESPONSIBILITIES

Is there a conflict with Call, or any other responsibilities?

YES If YES, resident must secure coverage and complete below.

Coverage by: _____
STAFF COVERING (Print or Stamp Name) Signature of staff covering Date

NO _____
Chief Resident Signature & Stamp Date

_____ Chief Resident Signature & Stamp Date

COMMENTS: _____

IM Chief Resident: _____ Date: _____
(Signature & Stamp)

IM Attending: _____ Date: _____
(Signature & Stamp)

IM Prog. Dir. or Assoc. Prog. Dir : _____ Date: _____
(Signature & Stamp)

ED Prog. Dir. or Assoc. Prog. Dir : _____ Date: _____
(Signature & Stamp)

LEAVE REQUEST - NOT APPROVED by: _____ Date: _____
(Signature & Stamp)