RESIDENT LEAVE REQUEST

DEPARTMENT OF INTERNAL MEDICINE

No travel or other plans should be made prior to receiving approval.

Resident Name: ______________________ **PGY Level:** ________ **Date Submitted:** ____________

Print or Stamp Name

ROTATION: ______________________ **ATTENDING:** ______________________

REQUESTING LEAVE:

from ______________________ *to* ______________________

Date *Date*

____

Resident Signature

Total # of days requested:

VAC	SICK	ADMIN	EDUC

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

TYPE OF LEAVE:

Vacation ☐ *Educational ☐

Sick ☐ *Administrative ☐

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

Destination: ______________________

Date/Time of Departure: ______________________

CLINIC RESPONSIBILITIES

Is there a conflict with Clinic responsibilities?

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

Coverage by: ______________________ ______________________ ____________

STAFF COVERING (Print or Stamp) **Signature of staff covering** ***Date***

NO ☐ Clinic was cancelled ______________________ ____________

Clinica Manager or Assigned Clinic Staff Signature ***Date***

COMMENTS: ______________________

WARD, POST-CALL CLINIC, BACK-UP AND/OR OTHER RESPONSIBILITIES

Is there a conflict with Weekend Call, Post Call Clinic, Backup or any other responsibilities?

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

Coverage by: ______________________ ______________________ ____________

STAFF COVERING (Print or Stamp) **Signature of staff covering** **Date**

NO ☐ ______________________ ____________

Chief Resident Signature & Stamp **Date**

______________________ ____________

Chief Resident Signature & Stamp **Date**

COMMENTS: ______________________

Chief Resident: ______________________ **Date:** ____________

(Signature & Stamp)

Clinic Manager: ______________________ **Date:** ____________

(Signature & Stamp)

Attending: ______________________ **Date:** ____________

(Signature & Stamp)

Prog. Dir. or Assoc. Prog. Dir.: ______________________ **Date:** ____________

(Signature & Stamp)

☐ **LEAVE REQUEST - NOT APPROVED by**

______________________ ____________

(Signature & Stamp **Date**

Revised: 4/8/2010