

ACADEMIC AFFAIRS

Request for Time Off

Paid/Unpaid

Students and Residents wishing to take days(s) off from a rotation, (weekends included, if applicable) must complete this form and request the written approval of the Rotation Coordinator and the Director of Medical Education or the Residency Director, forty five (45) days in advance of the requested day(s) off.

I, _____, request leave from my _____ rotation

from: _____ through _____.

Returning to work on _____.

Reason for the request: _____

Please write in the number of days for each type of leave requested:

PL _____
Educational Conference/Program (5) Days Max if applicable _____
Unpaid Leave _____
FMLA _____
Board Examination (2) Days Max _____
Weekend (Informational) _____

During the days off I can be reached at the following address and telephone number:

_____ (Area Code) Number

Address

Approvals:

This request is approved _____ denied _____ Reason: _____

Rotation Coordinator Signature Date

This request is approved _____ denied _____ Reason: _____

Medical Education Director or Residency Director Signature Date

Distribution: (White) Academic Affairs (Pink) Rotation