

# Request for Planned Sick Leave

*Sick Leave is not to be used to supplement Annual or Educational leave*

Resident: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

I request \_\_\_\_\_ days. Leave Date(s): \_\_\_\_\_

Does this request include more than 3 days of sick leave? YES  NO

*Sick Leave greater than 3 consecutive days requires documentation of medical need for the leave*

## Rotation Responsibilities:

\_\_\_\_\_ has agreed to cover my rotation assignment and my supervisor has this information.

## Call Schedule Responsibilities:

\_\_\_\_\_ I am not on call.

\_\_\_\_\_ will be on call in my place and I have notified the Chief Resident.

## Outpatient Responsibilities (PGY 2, 3, 4):

\_\_\_\_\_ I have notified the clinic scheduler.

\_\_\_\_\_ I have informed my patients as appropriate.

\_\_\_\_\_ has agreed to cover my out-patient needs  
(Psychotherapy patient calls, clinic patient calls, etc).

## Approval of request:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor's(s') Signature(s))

\_\_\_\_\_  
(Supervisor's(s') Name(s) PRINTED)

\_\_\_\_\_  
Adult Outpatient Clinic Signature (PGY 3, 4)

**Return completed form to Janis Cockmon**

\_\_\_\_\_  
Signature of Residency Program Director or Designee