

# Request for Vacation and Education Leave

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

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

<u>Type of Leave</u>	<u>Total days of leave taken/submitted Before this request</u>	
_____ Vacation	_____	
_____ Educational leave	_____	_____

Name of Conference, Exam, etc.

Does this request bring total leave on this rotation to more than 5 days in a month: YES  NO   
*Leave greater than 5 days in a calendar month is not permitted in most circumstances*

### 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