SPECIAL LEAVE REQUEST FORM

RESIDENT’S NAME: ______________________________________________________________

1. Stat Day(s):

As per PARA Contract Article 13.02a
Please indicate stat holiday(s) worked and dates away in lieu of stat worked
(must be within the same rotation – if not, then added to vacation)

Float Day:

As per PARA contract Article 13.01a
Each resident is entitled to one (1) float day per academic year

Flex Days:

As per PARA contract Article 13.04
Each resident is entitled to three (3) flex days per academic year

2. Educational:

(Title, date(s) and location)

As per PARA contract Article 10

3. Other:

Please indicate reason and dates away from rotation

Assigned Rotation During Absence: ________________________________________________________

Signature of Resident: ______________________________________________________________

Faculty Advisor Signature: _____________________________________________________________

Print name: ___________________________ Date: _____________________________

Rotation Preceptor Signature: __________________________________________________________
(Must be Signed by Faculty Advisor First)

Print name: ___________________________ Date: _____________________________

Program Approval: ___________________________ Date: _____________________________

Note: Residents requesting a day or days off from their assigned rotation for any given reason (stat, teaching, personal day, conference leave, exams, etc.), MUST ensure this form is completed, signed by the appropriate individuals, and returned to their SITE ADMINISTRATOR at least one month prior to their leave and at least 30 days prior to the start of the rotation.

RETURN COMPLETED FORM TO:
RESIDENCY PROGRAM, Department of Family Medicine, University of Alberta
bharvey2@ualberta.ca Ph: 780-342-4099 Fax: 780-342-4192