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)

2. Educational:
   (Teaching, Conference, Course or Exam)
   As per PARA contract Article 10
   Title, date(s) and location

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:
Department of Family Medicine, University of Alberta
Grey Nuns Family Medicine Centre, 2927-66 Street NW, Edmonton, AB T6K 4C1
Attention: Mary Wittenberg Email: mary.wittenberg@covenanthealth.ca Ph: 780-342-1488 Fax: 780-490-0953