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:
   (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
Misericordia Family Medicine Centre, 16940-87 Ave, Edmonton, AB T5R 4H5
Attention: Kari Rockall Email: kari.rockall@ualberta.ca Ph: 780-735-2688 Fax: 780-735-2857