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: ____________________________

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
Royal Alexandra Family Medicine Centre, Room 238-2 Community Services Center Building
10240 Kingsway Avenue, Edmonton, AB T5H 3V9
Ph: 780-735-4211 / Fax: 780-735-4978 Attention: Karen Adam