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

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

4. Vacation Days:
   As per PARA contract Article 12.01
   Each resident is entitled to 20 vacation days per year

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

4. Other:
   Please indicate reason and dates away from rotation

Rotation During Absence:
Resident’s Signature: ______________________
Print Name: __________________________ Date: __________

Approved Absence Request
Co-Director’s Signature: ______________________ Date: __________

Acknowledgment of Absence Request
Preceptor’s Signature: ______________________
Print Name: __________________________ Date: __________

Note: Residents requesting time off of their assigned rotation for reason (stat, teaching, personal day, conference leave, etc.), MUST ensure this form is completed, signed by the appropriate individuals, and returned to their ADMINISTRATOR at least one month prior to their leave.

Return completed form to:
Fort McMurray Program Coordinator
Northern Lights Regional Health Center
7 Hospital St, Fort McMurray AB T9H 1P2
Tel: (780) 793-7348 | Fax: (780) 788-1744