OBSTETRICS & GYNECOLOGY
5S131 LOIS HOLE HOSP., ROBBINS PAVILION, RAH

LEAVE OF ABSENCE/CONFERENCE REQUEST FORM

NAME: ________________________________ LEVEL: ________

TYPE OF LEAVE:  (please check one)
Leave of Absence ☐ Reason ___________________________
Conference ☐ Presenting Paper ☐ Name of Conference _______________________
Day in Lieu of Stat ☐ Print Name of Holiday _______________________
Parental Leave ☐ (2 weeks) Flex Day (3 per year) ☐ Floating Day (1 per year) ☐
Other ____________________ (please specify)

NOTE: CONFERENCE AND LEAVE REQUESTS FOR RESIDENTS REQUIRE PERMISSION FROM THE PROGRAM DIRECTOR

DATES REQUESTED: __________________________

ON SERVICE: ________________________________

________________________________________
Signature of Chief Resident

________________________________________
Signature of Program Director

UPON COMPLETION OF THE FORM, PLEASE RETURN TO:
THE O & G EDUCATION OFFICE
5S131 LOIS HOLE HOSP. FOR WOMEN, ROBBINS PAVILION, RAH
UPON COMPLETION OF THE FORM, PLEASE RETURN TO:
THE O & G EDUCATION OFFICE
5S131 LOIS HOLE HOSP. FOR WOMEN, ROBBINS PAVILION, RAH