LEAVE OF ABSENCE/CONFERENCE REQUEST FORM

NAME: __________________________ LEVEL: ________

TYPE OF LEAVE: (please check one)

Leave of Absence ☐ Reason __________________________ PRINT CLEARLY

Conference ☐ Presenting Paper ☐ Name of Conference __________________________ PRINT CLEARLY

Day in Lieu of Stat ☐ Print Name of Holiday __________________________ PRINT CLEARLY

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