CORE SURGERY

VACATION/LEAVE OF ABSENCE

REQUEST FORM

NAME: ___________________________ LEVEL: _______

TYPE OF LEAVE: (please check one)
Vacation □ ___________________________
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: ALL HOLIDAY LEAVES MUST BE APPROVED, PRIOR TO DATE OF LEAVE.
CONFERENCE LEAVES FOR PGY-1 RESIDENTS REQUIRE SPECIAL PERMISSION FROM BOTH THE CORE SURGERY PROGRAM DIRECTOR AND THE BASE SPECIALTY PROGRAM DIRECTOR.

DATES REQUESTED: ___________________________

ON SERVICE: ___________________________

________________________
Signature of Chief Resident on Above Service -

________________________
Signature of Off Service Program Director –
Signature of Dr. K. Stewart, Core Surgery Program Director

UPON COMPLETION OF THIS FORM, PLEASE RETURN TO:

KIM NICHOLAS OFFICE OF SURGICAL EDUCATION, 2D2.02 WMC.