Internal Medicine
Resident Leave Request

Name: ___________________________ Date: ________________

Dates of Absence: From: _______________ Through: _______________

Reason:
Vacation ☐  *Educational Leave ☐  Sick ☐
Bereavement Leave ☐  Fellowship ☐

*If educational leave you must attach conference material

► Rotation: __________________________
Attending Signature: __________________________

► Clinic and Patient Coverage: __________________________
Covering Resident’s Signature: __________________________

► Scheduled for Back-Up Coverage: Yes ☐  No ☐
If yes, identify a resident to cover: __________________________
Covering Resident’s Signature: __________________________

Resident Signature: __________________________

Department Approval: __________________________

Office Use Only
Request received 45 days prior to month of leave: Yes ☐  No ☐
Resident Notified ☐
Clinic Notified ☐
Call/Chief Notified ☐
Database ☐