

Graduate Medical Education

LEAVE REQUEST FORM FOR RESIDENTS

Full Name & ID #:	Department/Division:
Leave Starting Date (Inclusive):	Leave Ending Date (Inclusive):
<u>Types of leave:</u> <ul style="list-style-type: none"> • Annual Leave/Vacation • Conference • Elective • Special Leave (specify) • Sick Leave 	<u>Number of Days/Hours requested:</u> ----- ----- ----- ----- -----
Address while on leave:	
Signature:	Date:
Approved by: ----- Program Director ----- Assistant Dean for GME	
Date: ----- Date: -----	