

UTHSC Pathology Resident Leave Request Form

Name: _____ Number of Days: _____

Dates requested: _____ Rotation: _____

Type of Leave:

- ☐ Vacation / "Annual Leave"
☐ Educational: Conference/Activity _____
☐ Sick Leave
☐ Other: Bereavement / Jury Duty / Other (please circle, describe "other")

Clinical Duties will be covered by: (signature requested)

_____ (or N/A)

Teaching assignments will be covered by: (signature requested)

_____ (or N/A)

Date of Request: _____ Resident Signature: _____

Approved by:

*if VAMC rotation, VA Site Director

Rotation Director

*if VAMC rotation, VA Designated Education Officer

Chief Resident

Program Director

Residents may take up to 15 annual leave days, 5 educational leave days, and 15 sick days per year. Residents do not receive pay for unused leave. No more than 5 working days may be taken from a one-month rotation.

Completed forms go to Program Manager.