

**UT Memphis
Department of Urology
Leave and Travel Request Form**

Name: _____

A. Annual Leave (vacation)

Dates Requested: _____

Total number of days _____
(excluding weekends and holidays)

B. Sick Leave/Family Leave/Paternity/Maternity

Dates: _____ If partial days, specify whether A.M. or
P.M. and the hour(s) _____

Total Number of days _____
(excluding weekends and holidays)

C. U.T. Activities

Dates requested: _____

Total Number of days away from campus _____

Destination: _____

Purpose: _____

D. Coverage: Who will assume your responsibilities during your planned absence?

Signed: _____ Date: _____
Resident

Approved: _____ Date: _____
Program Director or Chairman