

Request for Time-Off

(This form is available on the PGME Website: <http://www.fhs.mcmaster.ca/postgrad/>, under FORMS and MANUALS)

Vacation(V) / Professional Leave(PL) / EXAM(E)

USE ONE FORM FOR EACH ROTATION

NAME: _____
PROGRAM: _____
DATE OF REQUEST: _____
ROTATION: _____
HOSPITAL LOCATION: _____
RESIDENT'S EMAIL: _____ (please print clearly)
CLINICAL SUPERVISOR'S EMAIL: _____ (please print clearly)
PROGRAM DIRECTOR OR ASSISTANT'S EMAIL: _____ (please print clearly)
RESIDENT'S SIGNATURE: _____

PAGER: _____
VACATION DAYS
REMAINING _____

DATE FROM	DATE TO	NUMBER WORKING DAYS	TYPE OF LEAVE V/PL/E

INSTRUCTIONS: IMPORTANT - PLEASE REFER TO BACK PAGE

APPROVAL by: PERSON RESPONSIBLE FOR ON-CALL SCHEDULE	
Name: _____ (please print)	Date: _____
_____ (signature)	
APPROVAL by: CLINICAL SUPERVISOR	
Name: _____ (please print)	Date: _____
_____ (signature)	
APPROVAL by: PROGRAM DIRECTOR	
Name: _____ (please print)	Date: _____
_____ (signature)	