

REQUEST FOR PLANNED ABSENCE

Name of Resident: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Service: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Covering Resident: \_\_\_\_\_ (enter N/A if not applicable)

Purpose (check as appropriate):  
\_\_\_\_\_ Vacation  
\_\_\_\_\_ Personal  
\_\_\_\_\_ Conference (Presentation: \_\_\_ Yes \_\_\_ No)  
\_\_\_\_\_ Compensatory  
(Date received \_\_\_\_\_)

SIGNATURES (must be signed in numerical order):

1. Resident: \_\_\_\_\_ Date: \_\_\_\_\_

2. Covering Resident: \_\_\_\_\_ Date: \_\_\_\_\_

3. Attending: \_\_\_\_\_ Date: \_\_\_\_\_

4. Chief Resident: \_\_\_\_\_ Date: \_\_\_\_\_

5. Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

6. Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

- NOTE: 1) No more than 5 vacation and personal may be taken from any 1 month rotation.  
2) No more than 10 vacation and personal may be taken from any 2 month rotation.  
3) No more than 12 vacation and personal may be taken from any 3 month rotation.  
4) If more than 2 sick days are taken consecutively, the resident must obtain a note from a treating attending physician.  
5) No vacation can be taken during new resident orientation (typically the first week of July) or after graduation (typically the last 2 weeks of June). Please plan your vacation accordingly.  
6) Compensatory days expire July 1st of each year.