

Urology Resident Vacation/Leave of Absence Request Form

NAME: _____ **PGY LEVEL:** _____

Type of Leave: *(check one)*

Note: Application for vacation and conference requests shall be made in writing a minimum of 8 weeks in advance.

- Vacation
- Leave of Absence Reason: _____
- Day in Lieu of Stat Name of Holiday: _____
- Conference Name of Conference: _____
- Presenting Paper Name of Conference: _____
- Parental Leave Flex Day (3/year) Floating Day (1/year)
- Education Leave Name of Exam: _____
- (Note: Up to 5 working days off to prepare and write Canadian qualifying and licensing exams. Request must be made in writing a minimum of 4 weeks in advance of the exam date.)*
- Other *(please specify):* _____

DATES REQUESTED: _____ **ON SERVICE:** _____

Signature of Chief Resident on Above Service
(For Chief Residents – Signature of your preceptor)

Signature of Dr. Keith Rourke, Program Director

Once approved, absences will be recorded in one45

UPON COMPLETION OF THIS FORM, PLEASE RETURN TO:

OFFICE OF SURGICAL EDUCATION, 2D2.01 WMC
8440 – 112 ST, EDMONTON, AB T6G 2B7
PHONE: 780.407.1388 | FAX: 780.407.3283