

RESIDENT LEAVE FORM

- 1 Name _____
- 2 OMSB No. _____
- 3 Training Program _____
- 4 Training Level R1 R2 R3 R4 R5 R6
- 5 Training Center _____
- 6 Sponsor (Region) _____
- 7 Type of Leave Annual Sick Emergency Scientific Maternity Compensation
- 8 Leave Period _____ Days
- 9 Date of Leave From _____ To _____
- 10 Address _____
- 11 Email _____
- 12 Contact while on Leave Name _____
Email _____ Phone _____
- 13 Signature of Resident _____ Date _____

- 14 Chief Resident Clearance ** Yes No

** Chief Resident / Designee must check the Master Rotation Schedule, number of Residents rotating in the affected training center, and must check with PA the Residents Leave Balance

Name _____

Signature _____

Date _____

- 15 Approval of Rotation Supervisor** Yes No

** Rotation Supervisor must inform Asst. PD of Affected Training Center

Name _____

Signature _____

Date _____

- 16 Approval of PD / Asst. PD Yes No

Name _____

Signature _____

Date _____

* Resident must file for Annual Leave before creation of Master Rotation Schedule OR 3 months before Annual Leave

* Resident must report back from Leave immediately after the indicated date

* Copy of signed & approved form must be sent to Program Administrator & Rotation Supervisor of affected rotation