

Request for Planned Sick Leave

Sick Leave is not to be used to supplement Annual or Educational leave

Resident: _____ Date: _____
(Print Name)

I request _____ days. Leave Date(s): _____

Does this request include more than 3 days of sick leave? YES NO

Sick Leave greater than 3 consecutive days requires documentation of medical need for the leave

Rotation Responsibilities:

_____ has agreed to cover my rotation assignment and my supervisor has this information.

Call Schedule Responsibilities:

_____ I am not on call.

_____ will be on call in my place and I have notified the Chief Resident.

Outpatient Responsibilities (PGY 2, 3, 4):

_____ I have notified the clinic scheduler.

_____ I have informed my patients as appropriate.

_____ has agreed to cover my out-patient needs
(Psychotherapy patient calls, clinic patient calls, etc).

Approval of request:

_____ Date: _____
(Supervisor's(s') Signature(s))

(Supervisor's(s') Name(s) PRINTED)

Adult Outpatient Clinic Signature (PGY 3, 4)

Return completed form to Janis Cockmon

Signature of Residency Program Director or Designee