

**SUNY Downstate Medical Center - Kings County Hospital Center**  
**Department of Pathology**

**Resident/Fellow Conference - Educational Leave Form**

(Department Copy)

Resident/Fellow Name:.....

Name of Conference :.....

Requested Dates: From:.....To:.....( For a total of ----- **working** days-Do not include weekends or holidays)

Resident Covering Duties when away (if applicable):.....

Were any previous leave requests submitted during the current academic year? YES NO

If yes, what was the total number of **working** days previously taken during the current academic year? .....

Approval of Chief Resident:.....Date:.....

Approval of Chief of Service:.....Date:.....

Approval of Program Director:.....Date:.....

-----Tear off Here -----  
(Resident Copy)

Resident/Fellow Name:.....

Name of Conference :.....

Requested Dates: From:.....To:.....( For a total of ----- **working** days-Do not include weekends or holidays)

Resident Covering Duties when away (if applicable):.....

Were any previous leave requests submitted during the current academic year? YES NO

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