

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 Service Duties when away (if applicable):

Resident Covering Call when away (if applicable):

Resident Covering KCHC Tumor Board when away (if applicable):

Resident Covering UHB Tumor Board when away (if applicable):

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

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:.....

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(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 Service Duties when away (if applicable):

Resident Covering Call when away (if applicable):

Resident Covering KCHC Tumor Board when away (if applicable):

Resident Covering UHB Tumor Board when away (if applicable):

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

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

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