

SUNY Downstate Medical Center

Department of Pathology

Resident Educational Leave Form

Request for Time Off Service

Conference Leave and Unscheduled Time Off

Resident Name: _____

Conference Leave

Name of Conference: _____

Resident Covering Duties when away (if applicable): _____

Dates of Leave: From: _____ To: _____

(For a total of _____ **working** days; Do not include weekends or holidays)

Unscheduled Time Off Leave

Dates of Leave: From: _____ To: _____

Resident Covering Duties when away (if applicable): _____

(For a total of _____ **working** days; Do not include weekends or holidays)

Previous Leave Request

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:.....