**REQUEST FOR TIME-OFF**

Name **[Enter Here]**

Pager **[Enter Here]**

Program**[Enter Here]**

# Vacation Days **[Enter Here]**

Remaining **[Enter Here]**

Date Of Request **[Enter Here]**

Rotation **[Enter Here]**

Hospital Location **[Enter Here]**

Resident’s Email **[Enter Here]**

Clinical Supervisor’s Email **[Enter Here]**

Program Director or Assistant’s Email **[Enter Here]**

President’s Signature **[Enter Here]**

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| --- | --- | --- | --- |
| **Date from** | **Date to** | **Number working days** | **Type of leave v/pl/e** |
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