

Podiatric Surgery Resident Leave Request Form

Resident Name _____

Dates Requested _____ Total weekdays requested off _____

Rotation you will be in during this time _____

Type of Leave Vacation

CME /work related _____

(list which conference or reason work related)

Requesting resident signature

Date signed

Approvals

Yes No

Signature of PGY3, or senior podiatric surgery
resident on rotation during requested leave

Date signed

Yes No

Signature of site director of rotation during
requested leave

Date signed

Submit form completed to this point to the Residency Program Coordinator for review

Date this request received by Dept. _____

Yes No

Signature of Program Director

Date signed