

**LSUHSC-S Family Medicine Residency in Alexandria
Resident Leave Request Form**

Name: _____ Today's Date: _____

First day off: _____ Time: _____ (8:00 AM if blank)

Last day off: _____ Time: _____ (5:00 PM if blank)

Total number of days off (including non-holiday weekdays): _____

Rotation(s) affected: _____

What type of leave?

_____ Vacation _____ Sick _____ USMLE Step III

_____ CME (attach a copy of meeting brochure)

_____ Other: _____

During your absence, who will cover your patients?

(Resident providing coverage must sign)

Resident signature

Administration use only below this line

Residency coordinator or designee complete: Leave type (circle): A S CME N/A
Current balance _____ minus _____ = _____ days remaining balance
Chief resident approval: (Consider: Enough notice given? # residents out at same time? All sections above completed?)
Chief resident signature:
Program director signature:
Initial and date when done: OnCall _____ Centricity _____