

VCU Neurology Residency
Leave Request Form

Date of Request: _____

Requested by: _____

Signature: _____

Please indicate the type of leave request:

<input type="checkbox"/>	Personal	Give Destination and explain purpose for trip
<input type="checkbox"/>	Conference/Convent	Date & Departure and Arrival Times
<input type="checkbox"/>	Research	
<input type="checkbox"/>	Fellowship or Job Interview	
<input type="checkbox"/>	Vacation Switch	
<input type="checkbox"/>	Other, please specify:	

NOTE: Up to five days will be granted for Fellowship or Job Interviews. Any additional days taken for interviews will be considered vacation days.

DATE FROM: _____

DATE TO: _____

Rotation: _____

Signature of Attending Supervisor

Date

If coverage is needed during your absence, the resident who has agreed to cover your responsibilities must sign:

N/A -- no coverage required

Signature of Covering Resident

Date

If rotating at the VA, Gay Cheeley must sign:

N/A – not a VA rotation

Signature of Gay Cheeley

Date

Signature of Chief Resident

Date

Six weeks advance notice of change in schedule is required. If you are unable to give 6 weeks notice then a make-up clinic date must be submitted at the same time as a scheduled change. This make-up clinic must be within two weeks of the date of the canceled clinic.

MAKE-UP CLINIC DATE: _____

N/A – Clinic not affected, no make up date required

Signature of Clinic Administrative Staff Member
(Dulcey Gorham or Mike Oliver)

Date

**Signature of Program Director

Date

****Signatures by your Attending Supervisor, Resident who has agreed to cover your responsibilities (if applicable), Chief Resident, Gay Cheeley (if on VA rotation), and a Clinic Administrative Staff Member (if applicable) are REQUIRED prior to submission of this form to the Program Director.****