

**REQUEST FOR PLANNED ABSENCE**

Name of Resident: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Service: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Doctor \_\_\_\_\_ to provide **COVERAGE** (enter N/A if not applicable)

Doctor \_\_\_\_\_ to provide **ON-CALL** coverage on \_\_\_\_\_ (N/A if not applicable)

Purpose (check as appropriate):  
\_\_\_\_\_ Vacation  
\_\_\_\_\_ Personal  
\_\_\_\_\_ Conference (attach conference info/fact sheet)  
Presentation: \_\_\_ Yes \_\_\_ No  
\_\_\_\_\_ Compensatory (holiday on call/worked \_\_\_\_\_)

**\*NOTE:** Total of **8** vacation, personal and sick days allotted in 2 month rotation.  
Total of **12** vacation, personal and sick days allotted in 3 month rotation.

**SIGNATURES (must be signed in numerical order):**

1. Resident: \_\_\_\_\_ Date: \_\_\_\_\_
2. Covering Resident: \_\_\_\_\_ Date: \_\_\_\_\_
3. Attending: \_\_\_\_\_ Date: \_\_\_\_\_
4. Chief Resident: \_\_\_\_\_ Date: \_\_\_\_\_
5. Program Director: \_\_\_\_\_ Date: \_\_\_\_\_
6. Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**TUH Other Resident Absences:**

\_\_\_\_\_ No other residents out  
\_\_\_\_\_ Other residents out: NAMES: \_\_\_\_\_  
DATES: \_\_\_\_\_

**TUH Attending(s) Absences:**

NAMES: \_\_\_\_\_  
DATES: \_\_\_\_\_

**TUH Rotations/Time Taken:**

\_\_\_\_\_ Total number of months at TUH this year (July - June)  
\_\_\_\_\_ Total number of vacation/personal days taken/requested at TUH this year (this included)