UCSD DEPARTMENT OF ORTHOPAEDICS RESIDENT REQUEST FOR LEAVE

(Residents Submit to: First: Carol Atkins, then Service Faculty for signature, then to Alexandra Schwartz, M.D.)

	Y	N
6 Weeks Notice	☐	☐
2 Other Residents already out @ same time? (*No more than 2 gone @ any time)	☐	☐

CA Initial_____

Date Received

Resident Name: _____ Date Submitted: _____

Service Assignment at time of Leave: _____

Leave Requested (circle one): Vacation Professional/Meeting

Meeting Title: _____

Meeting Location: _____ Exact dates: _____

If you are presenting a paper, give the complete title and co-author(s): _____

DEPARTURE scheduled on: _____ _____
(Day) (Day)

RESUMING DUTY on: _____
(Day) (Day)

Coverage of clinical responsibilities by: _____

***MUST BE AVAILABLE TO PHYSICALLY COVER IF NEEDED**

****Resident requesting leave has notified coverage of clinical responsibilities listed:*** _____
Please Initial

Service Faculty or Lab Director: _____ **Approved** **Denied**

Date Signed: _____

(Circle only one)

Residency Director: _____ **Approved** **Denied**
Alexandra Schwartz, M.D.

Date Signed: _____ **(Circle only one)**

SHADED AREA FOR BUSINESS OFFICE USE ONLY:

TOTALS	**VACATION**	**POFESSIONAL/MEETING**
Running Balance	_____	_____
Previously Used	_____	_____
No. Of Days Requested	_____	_____
Balance	_____	_____

Cc: Yesenia Rodriguez; Joy Dinius; Service Faculty or Lab Director; Hillcrest Orthopaedic Clinic; Dr Meyer @ VA; Perlman Orthopaedic Clinic; Rady Children's Hospital (if applicable)