





Leaders in Laboratory Medicine

## Fellowship/AFC Training Program – Leave Request Form

Name of Trainee:			Date Submitted:	
		Ι	Total no. of Working Days Requested: Weekends and stats not	
Dates Requested:	to	ii	ncluded)	
Type of Leave Requested:				
Details/Comments:				
Fellowship/AFC Program:			Site:	
Total No. of Days taken during the (Maximum 1 week vacation every 8 weeks of rotation preceptor to ensure an adequate exp	a mandatory rotation. If the to	otal exceeds 1 week, approval n	nust be obtained from the	
Total no. of Vacation Days taken: (During current Post-Graduate year July 1-June 30)			No. of days remaining:	
Signature of Fellowship/AFC	Trainee and Date	Signature of Fe	llowship/AFC Program	Director and Date
After all required sign	atures are obtained,	please submit this f	orm via email or h	ard copy.
It is the responsibility of the trainee to <u>leave time</u> . Surrogate authorization si timely fashion. Requests for vacation, dates are dependent on the trainee obtains	gnatures may be obtained in conference and in-lieu-of h	n instances where the design oliday leave accepted less t	nated individuals are una han 6 weeks in advance o	vailable to sign in a
Note: A record of leave is also kept on file with the program administrator.				Revised: July 2, 2020
				9
For Fellowship/AFC Program	Admin: Office Use Only	Entered into One45: Saved a PDF copy for the Train	nee's file:	□ No □ No
		Emailed the processed Leave the Trainee for their records:	1100 5 11101	□ No