

Fellowship/AFC Training Program ~ Leave Request Form

Name:

Date submitted:

Type of Leave Requested:

(Please select from the options provided)

Details/Comments:

Dates Requested:

(To include first and last day)

to

Number of Days:

(No. of days less weekends & stats)

Fellowship/AFC Program:

Site:

Total number of days leave taken during the rotation listed above:

(Maximum 1 week vacation per every 8 weeks of a mandatory rotation, if total exceeds 1 week per 8 weeks of mandatory rotation, approval should be obtained from the rotation preceptor to ensure an adequate exposure has been achieved)

Total No. of vacation days taken:

(During current Post-Graduate year July 1 – June 30)

No. of days remaining:

Signature of Fellowship/AFC Trainee

Date

Signature of Fellowship/AFC Program Director

Date

Note: It is the responsibility of the trainee to have this form completed and returned to the Fellowship/AFC Program Director at least **6 weeks before leave time**. Surrogate authorization signatures may be obtained in instance where the designated individuals are unavailable to sign in a timely fashion. Vacation, conference and in lieu of holiday leave accepted less than 6 weeks in advance of the requested dates is dependent on the trainee obtaining coverage arrangements for any service that the trainee has. Note a record of leave is also kept on file with the individual program administrator.

After all required signatures have been obtained the complete form must be submitted by email or hard copy.

Revised: June 4, 2015

For Fellowship/AFC Program Admin: Office Use Only

Email approved form to Trainee:

☐ Yes ☐ No

Entered into One45:

☐ Yes ☐ No

Email Timekeeping Adjustment (if internally funded):

☐ Yes ☐ No