

RESIDENT PHYSICIAN ABSENCE OR LEAVE REQUEST FORM

REQUESTS SHOULD BE SUBMITTED NO LATER THAN 2 MONTHS PRIOR TO THE PLANNED START

URGENT REQUESTS: For urgent requests where proper advanced notification was not possible please contact the Residency Training Program

INSTRUCTIONS RESIDENT PHYSICIANS:

Please refer to the appropriate article in the [PARA agreement](#) for information. Carefully complete Section A of this form and submit it to your Residency Training Program via CalgaryRadiologyResidents@gmail.com with any other information/documentation for review.

SECTION A PERSONAL INFORMATION and ABSENCE OR LEAVE REQUEST		
Last Name:	First Name:	Date of Request:
Dates of absence:		# of days (less weekends and stats)
Block:	Rotation:	
Type of Absence: <input type="checkbox"/> Vacation <input type="checkbox"/> Flex <input type="checkbox"/> Research <input type="checkbox"/> Lieu <input type="checkbox"/> Other _____		
Other Leave: <i>Requires paperwork for PGME and MEO</i> <input type="checkbox"/> Maternity/Parental <input type="checkbox"/> Compassionate <input type="checkbox"/> Unpaid <input type="checkbox"/> Medical <input type="checkbox"/> Bereavement <input type="checkbox"/> Special Contact crystal.ryszewski@ahs.ca and/or Bonnie.McCardle@ahs.ca or Pamie.Dow@ahs.ca		
Educational: <input type="checkbox"/> Conference <input type="checkbox"/> AIRP <input type="checkbox"/> Course <input type="checkbox"/> Exam <input type="checkbox"/> Study Name & date of conference/course/exam: Are you presenting at Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Abstract (include confirmation of acceptance): Will you be applying for a PGME travel grant? <input type="checkbox"/> Yes <input type="checkbox"/> No https://cumming.ucalgary.ca/pgme/faculty-and-staff/awards-and-grants		
SECTION B APPROVAL (Program Director signature not required if email approval is included)		
Signature or email approval of Chief Resident:	Date:	<input type="checkbox"/> Deny <input type="checkbox"/> Accept
Program Director Signature:	Date:	<input type="checkbox"/> Accept <input type="checkbox"/> Deny

Return completed form to: Crystal.Ryszewski@ahs.ca and CalgaryRadiologyResidents@Gmail.com

References:

<https://para-ab.ca/residentphysicianagreement/>

<https://cumming.ucalgary.ca/pgme/faculty-and-staff/awards-and-grants>