Request for Time-Off

(This form is available on the PGME Website: http://www.fhs.mcmaster.ca/postgrad/, under FORMS and MANUALS)

Vacation(V) / Professional Leave(PL) / EXAM(E)

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USE ONE FORM FOR EACH ROTATION

NAME: _________________________
PROGRAM: ______________________

DATE OF REQUEST: ________________
ROTATION: ______________________
HOSPITAL LOCATION: ______________

PAGER: _________________________
# VACATION DAYS REMAINING _____

RESIDENT's EMAIL: _________________________ (please print clearly)

CLINICAL SUPERVISOR'S EMAIL: _________________________ (please print clearly)

PROGRAM DIRECTOR OR ASSISANT'S EMAIL: _________________________ (please print clearly)

RESIDENT'S SIGNATURE: _________________________

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<th>DATE FROM</th>
<th>DATE TO</th>
<th>NUMBER WORKING DAYS</th>
<th>TYPE OF LEAVE</th>
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INSTRUCTIONS: IMPORTANT – PLEASE REFER TO BACK PAGE

APPROVAL by: PERSON RESPONSIBLE FOR ON-CALL SCHEDULE
Name: _________________________
(please print)
Date: _________________________
(signature)

APPROVAL by: CLINICAL SUPERVISOR
Name: _________________________
(please print)
Date: _________________________
(signature)

APPROVAL by: PROGRAM DIRECTOR
Name: _________________________
(please print)
Date: _________________________
(signature)