

REQUEST FOR LEAVE
DEPARTMENT OF FAMILY MEDICINE, WESTERN UNIVERSITY

The individual trainee is responsible for obtaining approval for leave and for providing at least 4 weeks written notification prior to the commencement of the leave. Vacation requests submitted before March 1, or one month prior to the date of a certification examination, will be considered in priority to those submitted after that time (re PARO Contract).

This form must be completed and signed by ALL parties, and returned to your own Departmental Administrative Office before the effective date.

DO NOT USE THIS FORM FOR MATERNITY/PARENTAL LEAVE, SICK LEAVE OR LEAVE OF ABSENCE. THESE REQUESTS MUST BE DISCUSSED DIRECTLY WITH YOUR PROGRAM DIRECTOR.

I, Dr. _____, in Western's Family Medicine Postgraduate Program

REQUEST

☐ VACATION: From _____ To _____,
(include entire time away from the call schedule)

☐ PROFESSIONAL LEAVE: conferences/courses/study days
From _____ To _____
(include entire time away from the call schedule)
Educ/Conf. Title _____ Location _____

OTHER: Please specify _____ If lieu, day(s) worked: _____
From _____ To _____
(include entire time away from the call schedule)

I will be on _____ rotation at _____ hospital/centre during this requested time off.

While awaiting this approval, if there are any questions, I can be reached at the following location:

Service: _____ Hospital: _____ Phone #: _____ Beeper # _____

I understand that it is my responsibility to return the approved copy to my own Departmental Admin. Office.

Signed: _____
Trainee Date of Request

APPROVALS PARO states that approvals are to be confirmed or alternative times agreed to within 2 wks of the request being made.

APPROVED: _____
Signature Chief of Service Date of Approval
AND (if non-hosp. rotation, Supervisor signature)

APPROVED: _____
Signature of Chief Resident Date of Approval
(where applicable)

Scan and e-mail form (preferred method) or fax, AFTER signatures received, to: Dept. of Family Medicine

fmppgc@schulich.uwo.ca
WCPHFM, Western University
London ON
N6G 2M1
Fax: 519-661-3878