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| Department of Obstetrics & Gynaecology | Resident Absence Request FormVacation/ Lieu/ Professional Days |
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| **Resident Name:** Click here to enter text. |
| **Current Block:** Click here to enter text. | **Block during leave:** Click here to enter text. |

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| **Type of Absence Requested:** |
| [ ]  Vacation | [ ]  Lieu | [ ]  Professional/ Academic  | [ ]  Other: Click here to enter text. |
| **Dates of Absence: From:** Click here to enter a date. **To:** Click here to enter a date.  |
| Total Working Days Absent: Click here to enter text.  |
| Education/ Conference Title: Click here to enter text. | Signature:  |

 **Employee to complete Admin Tracking**

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| --- | --- | --- | --- | --- |
| AvailableBalances\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Days Requested | **Vacation Days:**Click here to enter text.Click here to enter text. | **Lieu Days:**Click here to enter text.Click here to enter text. | **Professional:**Click here to enter text.Click here to enter text. | Calendar [ ]    |
| One45 [ ]  |
| Scanned [ ]  |

 **APPROVALS**

**Block Mentor/ Supervisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Resident Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PGEC Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_