

M.Cl.Sc-Pathologists' Assistant Graduate Program
Western University, London Health Sciences Centre, Clinical Affiliates and
Community Elective Sites

Request for Leave

Please refer to the Policies and Procedures regarding Request for Leaves:

This form must be completed and signed by all parties, and submitted to the Graduate Administrator before the effective date.

I, _____ in Pathologists' Assistant Program:
Name

REQUEST

VACATION: From _____ To _____, incl. = _____ working days
(Category 1 Policy)

NON ACADEMIC LEAVE: From _____ To _____, incl. = _____ working days
(Category 1 Policy)

COMPASSIONATE LEAVE/ILLNESS: From _____ To _____, incl. = _____ working days
(Category 2 Policy)

I will be on _____ rotation during this requested time off.

I understand that it is my responsibility to return the approved document to the Graduate Administrator.

Signed: _____
Trainee Date of Request

APPROVALS

APPROVED: _____
Signature of Program Director Date of Approval

AND

APPROVED: _____
Signature of Clinical Coordinator/Offsite Preceptor Date of Approval