

## 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.

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1,		Name		_ in Pathologists' A	ssisiani Program.
REQ	UEST				
	VACATION (Category	<b>l:</b> From 1 <i>Policy)</i>	To	, incl. =	working days
□ days	NON ACADEMIC LEAVE: From		To	o, inc	l. = working
	(Category	1 Policy)			
□ workin	COMPASS ag days (Category 2	NONATE LEAVE/ILLNE	SS: From	To	, incl. =
I will be on				rotation during this requested time off.	
	erstand tha nistrator.	it it is my responsibi	lity to return th	e approved docum	ent to the Graduate
Signe	ed:				
	Trainee			Date of Request	
	ROVALS ROVED:				
A	Signature of Program Director AND			Date of Approval	
APPF	ROVED:				
	_	Signature of C Coordinator/Offsite		Date	of Approval

Once signed please send a copy to the Graduate Coordinator, Pathology and Laboratory Medicine, Dental Sciences Building, Room 4044 - pathgrad@uwo.ca.