

Internal Medicine Training Program

DoM AIDD Leave Request Edit Form

Trainee Name	
Current Training Level	
Current Date (MM/DD/YYYY)	
Email (UWO Address Preferred)	

Please submit the completed form along with the supporting documentation to the Department of Medicine, Education Office, domeducation@lhsc.on.ca, and relevant Department or Division Administration Offices. If you have more than one Leave Request Edit to submit, please fill and submit additional DoM AIDD Leave Request Edit Forms. Multiple forms can be submitted within the same email correspondence, using the following email convention.

Subject Line: Leave of Absence Form Submission_Full Name_PGY Level or Administrative Title

Signature: Please sign your email with a detailed email signature that includes your full name, contact information (Email Address, Phone Number and Extension, Office Location), PGY Level or Administrative Title, and Department Name.

Document Naming Convention: Please attach this form to your email to submit it to the Department of Medicine, Education Office using this naming convention; LastName_FirstName_Leave of Absence Form_Block No._Academic Year

Leave Request Details

	Current Leave Request	Leave Request Proposed Edits
Leave Request Dates (MM/DD/YYYY)		
Block No. of Leave Request		
Leave Type (e.g., Vacation, Education, Away from Call)		
Rotation Name During Leave Request		
Status of Current Leave Request (e.g., Approved, Pending, etc.)		
Reason for Editing Leave Request		