

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, and not later than March 1st (re PAIRO Agreement).

This form must be completed and signed by ALL parties, and returned to your own Departmental Administrative Office (to: **Dept. of Family Medicine, 1st Floor, Western Centre for Public Health and Family Medicine, Western University, London ON N6A 5C1; FAX: 519-661-3878**) before the effective date.

DO NOT USE THIS FORM FOR: MATERNITY/PARENTAL LEAVE, SICK LEAVE, 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 _____, incl. = _____ working days
(include entire time away from the call schedule)

EDUCATIONAL/
CONF.LEAVE: From _____ To _____, incl. = _____ working days
(include entire time away from the call schedule)

Educ/Conf.Title _____ Location _____

OTHER: Please specify _____

From _____ To _____, incl. = _____ working days
(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 PAIRO 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)

Fax or mail form, AFTER signatures received, to:

Dept. of Family Medicine
1st Floor, Western Centre for Public Health and Family Medicine
Western University
London ON N6A 5C1
Fax: 519-661-3878