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| Department of Obstetrics & Gynaecology | Resident Absence Request Form  Vacation/ 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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| Available  Balances  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_