

REQUEST FOR LEAVE
DEPARTMENT OF ONCOLOGY
WESTERN UNIVERSITY

The individual 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 the original copy submitted to your own Department Administrative Office (Cassandra Ratelle, LRCP, A4-901) 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 the Medical /Radiation Oncology Program at Western University, **REQUEST**
(name) (circle one)

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)

Educational/Conference Title: _____ Location: _____

OTHER: Please specify _____
(include entire time away from the call schedule)

From _____ to _____, incl. = _____ working days

I will be on _____ rotation with _____ 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: _____ Pager: _____

I understand that it is my responsibility to return the approved copy to my own Departmental Administrative Office.

Signed: _____ Date: _____

APPROVALS, PAIRO states that approvals are to be confirmed or alternative times agreed to within 2 weeks of the request being made.

APPROVED: _____
Signature of Chief of Service
(if non-hospital rotation, Supervisor signature)

DATE: _____

APPROVED: _____
Signature of Chief Resident
(where applicable)

DATE: _____

DISTRIBUTION LIST: Once all signatures have been obtained, copies should be distributed as follows:

- Departmental Administrative Office:** Cassandra Ratelle
- Chief Resident(s):** John Lenehan/Vikram Velker
- Chief of Service:** Pat Gray/ Kathy Willsie
- Resident**

Distributed: _____