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 Tracey Koning, Graduate Administrator before the effective date.

I, ___________________________________________ in Pathologists’ Assistant Program:

Name

REQUEST

☐ VACATION: From __________ To __________, incl. = _____ working days
   (Category 1 Policy)

☐ NON ACADEMIC LEAVE: From __________ To __________, incl. = _____ working days
   (Category 1 Policy)

☐ COMPASSIONATE LEAVE/ILLNESS: From __________ To __________, incl. = _____ working days
   (Category 2 Policy)

I will be on __________________________ rotation during this requested time off.

I understand that it is my responsibility to return the approved document to the Graduate Administrator.

Signed: ___________________________ ___________________________

Trainee Date of Request

APPROVALS

APPROVED: ___________________________ ___________________________

Signature of Program Director Date of Approval

AND

APPROVED: ___________________________ ___________________________

Signature of Clinical Coordinator/Offsite Preceptor Date of Approval

Once signed please send a copy to Tracey Koning, Graduate Coordinator, Pathology and Laboratory Medicine, Dental Sciences Building, Room 4044.