

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION**

**RESIDENT REQUEST FOR LEAVE WITH PAY*
(Vacation, Sick Leave, Educational Leave, Administrative Leave and Military Leave)**

This form **MUST** be approved **30 days BEFORE** taking vacation, educational, administrative, military, or sick leave for medical appointments. If sick leave is taken for medical reasons (other than appointments) submit the form upon returning to work.

(Please print)

Name _____ Date _____

I hereby request ____ day(s) of leave with pay during absence from duty beginning _____, 20__ and ending _____, 20__.

This is to be charged to:

- ____ Vacation
- ____ Sick Leave *(if unable to provide advance notice, please turn in form the day you return – fax to 225-0627)*
- ____ Educational Leave to attend _____
- ____ Administrative Leave to attend _____
- ____ Military Leave

FOR OFFICE USE ONLY
Revised 10/22/2010

Approved by: (in the following order)

This request is not in violation of the Leave Request Policy. I also confirm that the resident requesting the leave has leave to take.

Residency Coordinator _____ Date: _____

Coverage Resident _____ Date: _____

Chief Resident _____ Date: _____

Attending Faculty _____ Date: _____

Other Resident at same Institution: _____ Date: _____

Program Director _____ Date: _____

Department Chair _____ Date: _____