

**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

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FOR OFFICE USE ONLY  
Revised 6/16/2009

***Approved by: (in the following order)***

Coverage Resident \_\_\_\_\_ Date: \_\_\_\_\_

Chief Resident \_\_\_\_\_ Date: \_\_\_\_\_

Attending Faculty \_\_\_\_\_ Date: \_\_\_\_\_

Other Resident at same Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

This has been coordinated on the BHRI Call & Coverage schedules.

Residency Coordinator \_\_\_\_\_ Date: \_\_\_\_\_