

# UNM OB/GYN Residency

## Leave request form

Resident Name \_\_\_\_\_

Date: \_\_\_\_\_

*Leave type* (underline or circle)

Comp

Administrative

Educational

Elective Sick

Dates gone:

Days of week gone:

Service you will be on at that time:

*Coverage:*

Clinical responsibilities covered by:

Rounds covered by:

Other residents on leave at this time and what service they are on:

Division chief or affected faculty approved?

Administrative chief resident approved?

Chief resident of service approved?

Do you have a vacation on either side of this leave?

Request is >45 days in advance of leave?

Clinics needing to be cancelled?

Leave approved: \_\_\_\_\_yes      \_\_\_\_\_no