REQUEST FOR LEAVE
UNIVERSITY OF WESTERN ONTARIO

The individual trainee 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 February 15th (re PAIRO Agreement).

This form must be completed and signed by all parties, and the original copy submitted to your own Departmental Administrative Office before the effective date.

THIS FORM **WILL NOT** BE USED FOR: MATERNITY/PARENTAL LEAVE, SICK LEAVE, LEAVE OF ABSENCE. THESE REQUESTS MUST BE DISCUSSED DIRECTLY WITH YOUR PROGRAM DIRECTOR.

I, Dr. _____ in UWO Program: _____
name

REQUEST

☐ 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)

Educ/Conf.Title _____ Location _____

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

From _____ To _____,incl. = _____ working days

I will be on _____ rotation at _____ hospital/centre 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 #: Beeper #

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

Signed: _____ _____
Trainee Date of Request

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

APPROVED: _____ _____
Signature Chief of Service Date of Approval
AND (if non-hosp.rotation, Supervisor signature)

APPROVED: _____ _____
Signature of Chief Resident Date of Approval
(where applicable)

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

- ☐ Departmental Administrative Office (responsibility of trainee after obtaining all approvals)
- ☐ Chief of Service
- ☐ Chief Resident
- ☐ Resident