RESIDENT & FELLOW EXTENDED LEAVE / POOL REQUEST FORM

House Officer Name: ________________________________  GEMS ID:__________________

Program: _____________________________________________________________________

Has all accrued sick leave hours been utilized? □ YES  □ NO

Reminder: This leave can only be used for an illness of the resident (not a family member).

Date Form Prepared:_________________________

Requested Dates:  (Maximum of 90 days)

From: __________________________________   to  __________________________________

Rotation(s) Missed: List dates, rotation name, and rotation site of missed rotation(s):
_____________________________________________________________________________
_____________________________________________________________________________

Explanation of Leave:
_____________________________________________________________________________
_____________________________________________________________________________

APPROVALS:

___________________________________________               ___________________________
Program Director           Date

___________________________________________               ___________________________
Sr. Associate Dean, Graduate Medical Education/DIO      Date

___________________________________________      ___________________________
Sr Assoc VP, Admin., Finance and Technology       Date

Return this form and completed Request for Leave of Absence form to Patti Taylor, GME Office, 17 Davis Blvd., Suite 308, Tampa, FL  33606 or ptaylor@health.usf.edu

Once Approved, Copies to:
(1) Program Director
(2) GME Office (MDC Box 41)