



**USF HEALTH**  
**Department of Pathology and Cell Biology**  
**Resident Leave Request**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Date leave begins \_\_\_\_\_

Date leave ends \_\_\_\_\_

Total Number of Days/Hours Out (not including Sat/Sun) \_\_\_\_\_

**CHECK TYPE OF LEAVE REQUESTED**

- Annual Leave (Vacation)
- Conference, meetings, etc (Administrative)
- Sick Leave
- Other, Explain

\_\_\_\_\_

Resident Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

***Supervising Faculty - print and sign***

\_\_\_\_\_ Date \_\_\_\_\_

***Program Director-Signature***