

Application for Resident Vacation/Conference Time

R E S I D E N T	Today's Date: _____	Name: _____	Signature: _____								
	Home Program: _____		Pager: _____								
	Email Address: _____		PGY: _____								
	Dates of Vacation/Education Leave: eg. 2012 Jan 2 Tues to 2012 Jan 4 Thursday		2 days								
	Block	Year	Month	Date	Day	to	Block	Year	Month	Date	Day
Name and Location of Conference (if applicable) or Type of Leave (eg. Flex day, Float day, Vacation)											
R O T A T I O N	Rotation Director or Preceptor Assessment (x)										
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined because: _____ Authorized Signature: _____ Date: _____										
R R T P	Respiratory Residency Program Director or Delegate Assessment (x)										
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined because: _____ Authorized Signature: _____ Date: _____										
N O T E S	Vacation leave is not permitted during the last two weeks of June and the first two weeks of July. Vacation leave is pre-scheduled during Block 7 to allow for Christmas vacation. When more than one Resident requests leave for the same time, the first request will prevail. The Program Director and/or Preceptor shall make a reasonable effort to accommodate the Residents request for vacation time.										
P R O C E D U R E	Residents: Review the Policies and Limitations that apply to Vacation Leave (see website). Complete your section of this form and return it to Jo-Anne Mauratt, Program Administrator via e-mail (Joanne.mauratt@albertahealthservices.ca) Please Note: This form has to be provided 56 days (8 weeks) prior to the first day of the affected rotation.										
	Program Admin: Will forward completed request to Rotation Preceptor for approval/decline.										
	Rotations Preceptor: Please approve or decline the request within 10 days of receipt. If request is declined, provide a reason and describe any options. E-mail your completed form to Joanne.mauratt@albertahealthservices.ca										
	Residency Program Director: Will provide a final approval or otherwise within 7 days of receipt. A confirmation copy will be e-mailed to the Resident and Rotation Preceptor.										