

REQUEST FOR ABSENCE
Psychiatry Residency Program

 (PRINT NAME)

PURPOSE OF ABSENCE: _____ VACATION / PTO
 _____ SICK TIME
 _____ ADMINISTRATIVE LEAVE

 SIGNATURE

 DATE

CALENDAR DAYS REQUESTED FOR ALL SITES: Date: Start _____ End _____
 (Total Days _____) Time: Start _____ End _____

SITE 1	BACKUP SIGNATURES	LOCATION & ATTENDING APPROVALS
(1)	_____ PRINT NAME / SIGNATURE / DATE	_____ DATES OF ABSENCE AT THIS LOCATION
(2)	_____ PRINT NAME / SIGNATURE / DATE	_____ ATTENDING (PRINT NAME) / SIGNATURE
(3)	_____ PRINT NAME / SIGNATURE / DATE	_____ CHIEF OF SERVICE (PRINT NAME) / SIGNATURE

SITE 2	BACKUP SIGNATURES	LOCATION & ATTENDING APPROVALS
(1)	_____ PRINT NAME / SIGNATURE / DATE	_____ DATES OF ABSENCE AT THIS LOCATION
(2)	_____ PRINT NAME / SIGNATURE / DATE	_____ ATTENDING (PRINT NAME) / SIGNATURE
(3)	_____ PRINT NAME / SIGNATURE / DATE	_____ CHIEF OF SERVICE (PRINT NAME) / SIGNATURE

SITE 3	BACKUP SIGNATURES	LOCATION & ATTENDING APPROVALS
(1)	_____ PRINT NAME / SIGNATURE / DATE	_____ DATES OF ABSENCE AT THIS LOCATION
(2)	_____ PRINT NAME / SIGNATURE / DATE	_____ ATTENDING (PRINT NAME) / SIGNATURE
(3)	_____ PRINT NAME / SIGNATURE / DATE	_____ CHIEF OF SERVICE (PRINT NAME) / SIGNATURE

Adam Brenner, M.D.
Residency Training Director
 Fax: 214-648-7370

 Signature

 Date
 (updated 7/22/09)