



Leave Request

Department of Cardiovascular Sciences, East Carolina Heart Institute at East Carolina University® Cardiovascular Disease Fellowship Program

INSTRUCTIONS:

- 1) Please complete the entire form and sign before submitting to the chief fellow and program coordinator.
- 2) Leave CANNOT be taken during CIU, CICU, or consults.
- 3) Documentation must be provided for Boards/Other (Boards, Interview Invitations, Conference, Visas)
- 4) Leave is to be requested at least 60 days in advance
 - > If requested less than 60 days in advance, approval by the program director is required.
 - > If requested less than 30 days in advance, clinic CANNOT be cancelled (NO EXCEPTIONS).
- 5) The chief fellow will approve all requests within 5 working days. Administrative processing can take up to an additional 5 working days. Total turn-around time for a leave request is up to 10 working days.

PRINTED NAME: _____

DATE OF SUBMISSION: _____

SIGNATURE: _____

I request approval to be away from fellowship duties on the following dates:

REQUESTED DATE(S) OF LEAVE: _____ NUMBER OF DAYS: _____

Attendings to be notified by Fellow: Yes/No Attending _____

Clinic Cancellation Required: Yes / No Date(s): _____

Is clinic scheduled within 30 days of this request? Yes / No

If yes, please provide the name of the fellow who will cover the clinic: _____

REASON FOR LEAVE:

- Vacation
- Sick
- Maternity/Paternity (FMLA)
- Interview
- Conference
- Boards/Other

DATE (S) OF CONFERENCE: _____

NAME OF CONFERENCE: _____

Oral/Poser presentation: Yes / No

Emergency Contact Information (required for administrative and conference leave)

NAME: _____ RELATIONSHIP TO FELLOW: _____

EMERGENCY CONTACT PHONE NUMBER: _____

CHIEF FELLOW APPROVAL SIGNATURE: _____ DATE OF INITIAL APPROVAL: _____

PROGRAM COORDINATOR: _____ DATE OF FINAL CONFIRMATION OF APPROVAL: _____

For Program Coordinator Use		
Leave Recorded _____	Clinic Cancellation Confirmation _____	Fellow Notified of Approval _____