

CARDIOVASCULAR MEDICINE FELLOWSHIP LEAVE FORM

INSTRUCTIONS:

1. Please complete the entire form and sign before submitting to the chief fellow and program coordinator.
2. Incomplete forms will not be processed.
3. Read the CV Medicine Fellowship Leave Policy before applying for leave.

Name of the Fellow:

Date of Submission of leave request:

Requested dates of leave INCLUDING travel: to

Total number of leave days:

CORE ROTATIONS (CIU/CICU/CONSULT)

CLINIC CANCELLATION REQUIRED (allowed if request > 30 days)

Date of clinic cancellation

Clinic notes completed:

Duty hours up to date:

Leave category:

For Educational Leave, documentation provided at the time of this request:

Emergency Contact Information (required for administrative and conference leave)

Name of the contact person:

Relationship to the fellow:

Emergency contact phone number

Chief fellow signature:

Program coordinator:

For PC use only

Beginning PTO balance:

PTO Balance available for use: