

Graduates' PTO Request

INSTRUCTIONS FOR COMPLETING THE Graduate PTO Form

Fill out and submit this form for approval to the Program Director. The Program Coordinator will keep the completed form for accurate recordkeeping

Date: _____

Name: _____

Year of Graduation: _____

Date of Graduation: June 30, _____ *or* June _____ (J-1)

Date of Graduation Ceremony: _____ (coordinator)

Last Working Day: _____

PTO per Academic Year = **28 Days**

PTO applied for Exit/Clearance Form completion date= _____

PTO applied from the Exit/Clearance form to the date of Graduation = _____

Last Clinic Day= _____ Clinic Mgr. _____ (please initial)

PTO available in your final year = _____

Signature of Fellow

Date

Signature of Program Director

Date

At your Exit Meeting with the PD (Exit Form Completion Day): Exit Forms for ECU and ECU Health will be signed.