

Fax to: _____ Date: _____ GMEROCS: _____ emailed resident: _____

REQUEST FOR DAYS OFF

Directions: After form is filled out and signed by the appropriate divisions, please return to Residency Coordinator the Program Director's final approval. Approval will be emailed to you and a copy of approved form will be placed in your mailbox.

Any request for days off must be submitted no later than 30 days prior the requested days off.

Name: _____ Date of Request: _____

Rotation: _____ ☐ Check if you understand the Policy on days off during the Nuclear Medicine Rotation

Date(s) of Days Off: _____ - _____ - _____
(Month) (Dates) (Year)

of Days (Monday through Friday): _____

Type of Leave: _____ Code: _____

_____ **Vacation (PTO)** _____

_____ **Academic Day** (5 per year)
(Here in Pittsburgh, off rotation but academically productive, attends AM and noon conferences)
Seniors only: starting in January may take ½ Academic Days, with approval, to prepare for boards.

_____ **Interview Day** (5 days max, for fellowships only, third year residents) _____

_____ **Boards (Core Exam)** (3 days total – 2 exam days + 1 travel day) _____

_____ **Administrative Day** _____

_____ **Meeting / Conference** _____
(Check one below)

_____ **Presenting** (\$1200.00 reimbursement; 3 free PTO days*, limited to 3x / year)
*for additional days use PTO or Academic Days

Where: _____

Title: _____

_____ **Not Presenting** (all days are counted as PTO)

Where: _____

Approved by: Division: _____ Date: _____

Residency Program Director: _____ Date: _____

Not Approved: _____ Reason: _____ Date: _____