Leave Request, Authorization and Notification

Resident Name: _____ **Program: Clinician Investigator Program**

Rotation at time of leave: _____ **Date submitted:** _____

Dates requested: from _____ **to** _____

Total number of working days requested: _____

Reason for leave:

(Check appropriate box)

☐ Vacation

☐ Education leave

☐ Program-mandated educational activities

☐ Examination leave

☐ Sick leave

☐ Compassionate leave

☐ Parental leave

☐ Family or Personal Responsibility leave

☐ Moving Day

☐ Seasonal Slowdown Period (6 Days Consecutive)

☐ Other

Authorization / Notification:

CIP Program Director: _____ **Date:** _____

☐ **Leave added in ONE45**