



**PLEASE NOTE:**

**Before you complete a leave request,  
you must make coverage arrangements if you are already scheduled for the following:**

**(1) Being on call**

**(2) Clinical Duties**

**(3) Mandated Education**

**Your request for leave is not approved until  
all signatures are obtained and all documentation completed.**

**When approved, your request will be entered in one45.**

**I have made coverage arrangements or do not require coverage**

**Coverage details (ie: call schedule changes; rescheduled educational activities) - required field**

**Resident Name:**

**Home Program:**

**Rotation at time of leave:**

**Clinical supervisor at time of leave:**

**Dates requested: from** \_\_\_\_\_ **to** \_\_\_\_\_

**Reason for leave:**

*(click here for  
Collective Agreement)*

**Office Use Only**

**On Service:**

**Approvals:**

**Call Schedule Coordinator Name:**  
**Date:**

**Approved**  
**Denied**  
**Reason for denied:**

**Clinical Supervisor Name:**  
**Date:**

**Approved**  
**Denied**  
**Reason for denied:**

**Entered into One45**