



UNIVERSITY OF SASKATCHEWAN

College of Medicine

MEDICINE.USASK.CA

**APPLICATION FOR VACATION/LEAVE**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dates of Annual Vacation: \_\_\_\_\_

Number of Days: \_\_\_\_\_

Rotation at time of Vacation: \_\_\_\_\_

Approval by Admin Resident: \_\_\_\_\_

Approval by Program Director: \_\_\_\_\_

**OR**

Dates of Educational Leave: \_\_\_\_\_

Number of Days: \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_

Rotation at time of Leave: \_\_\_\_\_

Approval by Admin Resident: \_\_\_\_\_

Approval by Program Director: \_\_\_\_\_