

# Resident Vacation / Time Off Request

Department of Urology

**Name:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

Reason: Vacation / Maternity/Spouse Leave / Interview / Conference/Course /  
Other: \_\_\_\_\_ (Please circle one)

Start Date	End Date (last day gone)	Total of Days Gone	Rotation Site

Resident Signature: \_\_\_\_\_

**Are there any other residents off on these dates at the same site?** \_\_\_\_\_  
**If yes, whom and when?**

\_\_\_\_\_

\_\_\_\_\_  
Resident initials

\_\_\_\_\_  
Coordinator initials

**Are there any other residents off on these dates at another site?** \_\_\_\_\_  
**If yes, whom and when?**

\_\_\_\_\_

\_\_\_\_\_  
Resident initials

\_\_\_\_\_  
Coordinator initials

**Vacation Days Remaining:** \_\_\_\_\_

**Date Received by Residency:** \_\_\_\_\_

**Site Director Approval – Yes / No** \_\_\_\_\_ (signature)

**Program Director Approval – Yes / No** \_\_\_\_\_ (signature)

Please have all requests for time off in by the 15<sup>th</sup> of the previous month. The requests can be fax to 612-626-0428 or given to Chrissy Reding. Requests for time off cannot be taken by phone. A signed request must be turned in for the request to be considered.