UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

VACATION and TIME OFF requests Form (U of C, PM&R)

DO NOT TYPE DIRECTLY ON THIS DOCUMENT.
PLEASE SAVE A COPY OF THIS REQUEST FORM TO YOUR COMPUTER OR PRINT IT, AND FILL IT OUT AS YOUR VACATION REQUEST.

This form is specifically used for U of C Physiatry Residents when requesting time off for physiatry core rotations. This form may be used for off-service rotation vacation requests, but other services may have additional forms/requirements. It is the responsibility of the resident to have this & all forms completed, approved by rotation preceptors & lead residents, and returned to the program office TWO BLOCKS PRIOR to the start of the rotation, and ensure you do not have any on-call, half day or other academic obligations that need to be switched/replaced.

IMPORTANT LINKS WHEN MAKING TIME-OFF REQUESTS:

1. Rotation Schedule: www.tinyurl.com/uofcpmr-rotationschedule

2. Mandatory events for residents:

https://docs.google.com/document/d/1wWWBRJ8Y0BloulVDBlR4UiAI07onEYzDPd7-xeE65DM/edit?usp=sharing

3. Check for educational responsibilities during your requested time off:

Academic Half Day:
https://sites.google.com/view/uofcpmr/schedules/academic-half-day

On-Call schedule: Review with the Lead Residents

For off-service resident vacation requests: Please find the administrator for the off-service program here - https://cumming.ucalgary.ca/pgme/current-trainees/residency-program-directory

VACATION REQUEST PROCESS:

1. Resident emails rotation preceptor(s) for electronic approval
2. Preceptor responds to resident's email, (eg "request approved")
3. Resident then forwards this email to lead resident for electronic approval
4. Lead responds to resident's email (eg "request approved")
5. Resident make a copy of this form and complete page 2 after approval obtained from preceptor & chief resident
6. Finally, forward to PD (program director) & PA (program administrator) for final approval and signature from the PD

Per the UofC PGME Policy, all vacation requests must be documented and signed by the program director. The program administrator will keep all vacation requests on file.

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Vacation Request Form

Please type all answers in below:

1. Resident Name	
2. Resident Email Address	
3. What rotation and what block will you be on at the time of your requested absence (example: spinal cord injury, block 9)?	
4. Who will be your preceptor(s) at that time?	
5. Date leaving	
6. Date returning	
7. Reason for request (Vacation, Conference, other):	
8. Description of time away (For example, name of Conference attending, whether you are presenting at conference, location of conference).	

Signature of Approval:

Dr. George Francis, MD, FRCPC, CSCN(EMG) Residency Program Director Division of Physical Medicine & Rehabilitation Department of Clinical Neurosciences	Date of approval: