

UTSouthwestern Department of Neurology  
REQUEST FOR ABSENCE (Revised 6/19/07)

NAME \_\_\_\_\_

Today's Date: \_\_\_\_\_

NUMBER OF DAYS REQUESTED \_\_\_\_\_

TYPE OF ABSENCE:

Vacation \_\_\_\_\_

Conference \_\_\_\_\_ (complete addendum below)

Other \_\_\_\_\_ (please specify)

\_\_\_\_\_

CALENDAR DATES OF ABSENCE:

From \_\_\_\_\_ To \_\_\_\_\_

ROTATION \_\_\_\_\_

APPROVED \_\_\_\_\_

Attending signature, or if unknown, chief of service Date

Do you have continuity clinic patients currently with appointments during that period?

\_\_\_ Yes. If so, who is covering clinic for you? \_\_\_\_\_

\_\_\_ No. If not, this is taken as a request to block clinic during this period.

ACKNOWLEDGED \_\_\_\_\_

Continuity clinic scheduler Date

APPROVED \_\_\_\_\_

Residency Program Director Date

**Return this absence form to Residency Coordinator, Room J3.102. Thank you.**

CONFERENCE ADDENDUM:

Attach copy of conference brochure including description/registration)

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

Description/Comments: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

PROPOSED BUDGET:

Neurology Department reimbursement requested: Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please estimate expenses:

Conference Registration: \_\_\_\_\_

Transportation/Airfare: \_\_\_\_\_

Hotel/Motel: \_\_\_\_\_

Meals: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \_\_\_\_\_