VACATION / PROFESSIONAL LEAVE REQUEST APPLICATION FORM

Name:			PGY Level	: Date:	
Request absence:	From:			То:	
Reason for absence	e: 🗖	Vacation			
		Conference	Name & Date:		
			Location:		
		Other (please	specify):		
Vacation Days taker	n to date:		Professional Lea	ave days taken to date:	
				Professional:	
-	Ū				
NOTE: Vacation/Professional Days <u>cannot</u> be carried forward to the next academic year.					
Resident's signature	e			Date:	
Chief Resident of Re	otation's na	me <u>and</u> signatu	re		
Rotation Supervisor	's name <u>an</u> e	<u>d</u> signature			
Program Director's a	approval			Date:	
Resident Entitlemen	<u>t:</u>				
• 7 (working)	days profes	eks) paid vacationsional/education sional/education ams, e.g., Roya		, ECFMG	
Statutory holiday	<u>'S</u>				
2. Eas 3. Vict 4. Dor	v Year's Da ter Friday oria Day ninion Day just Civic He ays as appl	oliday	6. 7. 8. 9. 10. iversity.	Labor Day Thanksgiving Day Christmas Day Boxing Day Two (2) floating holidays	

Mail or Fax completed form to:	Mary Miceli, 92 College Street, Toronto M5G 1L4
	FAX: 416-978-8350 TEL: 416-978-6830

Department of Obstetrics and Gynaecology University of Toronto

DEPARTMENTAL GUIDELINES FOR VACATION/PROFESSIONAL LEAVES

Resident can EXPECT:

- 7 days professional leave in full or in parts
- Only one week vacation at a time (5 weekdays, plus 1 weekend, or 2 weekends if all hospital/service needs are met)
- Maximum of 2 weeks for extenuating circumstances, which must be approved by Chief Resident, Rotation Supervisor and Dr. Shapiro.

NEVER confirm any travel plans, etc. without final approval of vacation

- If possible, Chief Resident can try to accommodate 1-2 days (floating, statutory or Professional days) to a week of vacation.

AGAIN, never assume request will be granted.

Conflicts of leaves requests should be directed to Dr. Heather Shapiro, Program Director.