

PARKLAND HOUSE STAFF REQUEST FOR TIME OFF



Parkland

Date: ____/____/____

Name: _____

Employee I.D. #: _____

Program Name: _____

Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____

Vacation **

Sick *

Bereavement

Comments: _____

Signature of Employee

Date

Approval:

Signature of UTSW Program Director

Date

Elizabeth Ponce, Director, GME

Date

Approved

Declined

Reason: _____

Please forward the Original to the Parkland GME Office

(*) Sick within three days of returning to work.

(**) Residents/fellows are to follow his/her Program's protocol for requesting vacation time. If a specific program protocol does not exist, a minimum of seven (7) business days prior to the first day on which you are requesting vacation, is required. If you do not know your Program's requirement for requesting vacation please contact your Program Coordinator.