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: _____