

Date Requested: \_\_\_\_\_

**Texas Health Dallas Presbyterian Hospital**  
**Internal Medicine Residency Training Program**  
**Request for Paid Time Off (PTO)**

\_\_\_\_\_ (Print Name) requests permission for paid time off (PTO)

from \_\_\_\_\_ through \_\_\_\_\_ (Month, Day, Year) for the

purpose of: \_\_\_\_\_ (vacation, sick, business, personal, fellowship interview, USMLE)

I will return to work on: \_\_\_\_\_ (Month, Day, Year)

**Resident attestation:**

K drive Admission Sheet up to date \_\_\_\_\_ (initials)

Charts Current and Up to Date \_\_\_\_\_ (initials)

All evaluations complete \_\_\_\_\_ (initials)

Duty hours log Up to Date \_\_\_\_\_ (initials)

I have verified that this PTO is not being taken by any other resident on this rotation on these dates

\_\_\_\_\_ (initials)

PTO Days Requested: \_\_\_\_\_ Balance Remaining: \_\_\_\_\_ days

Fellowship/USMLE Days Requested: \_\_\_\_\_ Balance: \_\_\_\_\_ days

**I have discussed with my fellow upper level resident Dr \_\_\_\_\_, who has agreed to cover for me during this time (Inbox messages in epic, Clinic documents etc.)**

Resident signature \_\_\_\_\_

Rotation during this period: \_\_\_\_\_

Subspecialty Attending - Print Name: \_\_\_\_\_

**(NO SIGNATURE REQUIRED "TO BE APPROVED VIA EMAIL")**

Clinic Coordinator: Katherine Dodds (Required for Categorical Residents)

Approved: \_\_\_\_\_

Residency Coordinator: Karen Washington **(NO SIGNATURE REQUIRED "TO BE APPROVED VIA EMAIL")**