

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

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

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

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

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

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

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

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

Associate Program Director: Sonya Merrill, MD

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

Residency Coordinator: Christina Martinez

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

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

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

Clinic Coordinator: Katherine Dodds **(Required for Categorical Residents)**

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

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

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

Charts Current and Up To Date: Yes \_\_\_\_\_ No \_\_\_\_\_

cc: IM Clinic x 8452

Date Faxed: \_\_\_\_\_

cc: Page Operators

Date Entered in Call Scheduler: \_\_\_\_\_