Date Requested: ______________

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

____________________________________________
___________________
___________________

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: ___________