

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: Rahul Gill, 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

K:drive Admission Sheet and Charts Current and Up To Date: Yes_____ No_____

cc: IM Clinic x 8452
cc: Page Operators

Date Faxed: _____
Date Entered in Call Scheduler: _____