

Date Requested: _____

Texas Health Presbyterian Hospital Dallas
Internal Medicine Residency Training Program
Request for Vacation

_____ (print) requests permission for vacation from

_____ (Month, Day, Year) through _____ (Month, Day, Year).

I will return to work on _____ . (Month, Day, Year)

Rotation during this period: _____ .

I have verified that this vacation
is not being taken with any other _____
resident on this rotation. Signature

Associate Program Director

Approved: _____

Housestaff Coordinator

Approved: _____

Subspecialty Attending

Approved: _____

Clinic Coordinator (Required for Categorical Residents)

Approved: _____

Vacation Balance: _____ days

Days Requested: _____ days Days Remaining: _____

Charts Current and Up To Date: Yes _____ No _____

cc: IM Clinic x 8452

Date Faxed: _____

cc: Page Operators

Date Entered in Call Scheduler: _____