

Date Requested: _____

**Texas Health Presbyterian Hospital Dallas
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

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

Approved: _____

Associate Program Director: Rahul Gill, MD **(NO SIGNATURE REQUIRED "TO BE APPROVED VIA EMAIL")**