

Date Requested: _____

Texas Health Dallas Presbyterian Hospital
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

I have discussed with my fellow upper level resident Dr _____, who has agreed to cover for me during this time (Inbox messages in epic, Clinic documents etc)

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