

**OBSTETRICS & GYNECOLOGY  
5S131 LOIS HOLE HOSP., ROBBINS PAVILION, RAH  
LEAVE OF ABSENCE/CONFERENCE  
REQUEST FORM**

NAME: \_\_\_\_\_ LEVEL: \_\_\_\_\_

TYPE OF LEAVE: (please check one)

Leave of Absence  Reason \_\_\_\_\_  
PRINT CLEARLY

Conference  Presenting Paper  Name of Conference \_\_\_\_\_  
PRINT CLEARLY

Day in Lieu of Stat  Print Name of Holiday \_\_\_\_\_  
PRINT CLEARLY

Parental Leave  (2 weeks) Flex Day (3 per year)  Floating Day (1 per year)

Other \_\_\_\_\_ (please specify)

***NOTE: CONFERENCE AND LEAVE REQUESTS FOR RESIDENTS REQUIRE PERMISSION  
FROM THE PROGRAM DIRECTOR***

DATES REQUESTED: \_\_\_\_\_

ON SERVICE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Resident

\_\_\_\_\_  
Signature of Program Director

UPON COMPLETION OF THE FORM, PLEASE RETURN TO:  
THE O & G EDUCATION OFFICE  
5S131 LOIS HOLE HOSP. FOR WOMEN, ROBBINS PAVILION, RAH