

OCHSNER CLINIC FOUNDATION  
ACADEMIC DIVISION  
GRADUATE MEDICAL EDUCATION ADMINISTRATION  
VACATION/ LEAVE REQUEST FORM

Resident Name: \_\_\_\_\_ Program: \_\_\_\_\_  
Beeper Number: \_\_\_\_\_

**MUST COMPLETE APPROPRIATE SECTION LISTED BELOW:**

**Vacation - Requested Leave**

First day of leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last day of leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of days requested \_\_\_\_\_ RETURN TO WORK ON \_\_\_\_\_

**Educational - Requested Leave**

First day of conference/leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last day of conference/leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of full days requested \_\_\_\_\_ RETURN TO WORK ON \_\_\_\_\_

Travel funded through Ochsner \_\_\_\_\_ No \_\_\_\_\_ Yes ***If yes attach a Travel Authorization form***

**Other - Requested Leave**

**Other Leave** = Jury Duty \_\_\_\_\_ Bereavement Leave \_\_\_\_\_ Med Leave \_\_\_\_\_  
Support Documentation required - forms available in the GME Dept

First day of leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last day of leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RETURN TO WORK ON \_\_\_\_\_

**Cancelled Leave**

First day of leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last day of leave \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of Leave Cancelled: **Vac** \_\_\_\_\_ **Educ** \_\_\_\_\_ **Other Leave** \_\_\_\_\_ Number of days cancelled \_\_\_\_\_

During absence from the Department of \_\_\_\_\_, my duties will be assumed by \_\_\_\_\_

Address and phone number while away (for use in case of emergency):

\_\_\_\_\_  
\_\_\_\_\_

APPROVALS: \_\_\_\_\_ Preceptor  
\_\_\_\_\_ Program Director  
\_\_\_\_\_ Program Coordinator Confirmation, Date \_\_\_\_\_

