

**THE UNIVERSITY OF TEXAS - HOUSTON MEDICAL SCHOOL
DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCE**

RESIDENT/CLINICAL FELLOW VACATION/MEETING APPROVAL FORM

Name: _____

List below **ALL days** (including weekends) you will be absent.

Please write in the month and dates.						
MONTH:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Name and signature of person responsible for covering your call while you are gone:

_____ PRINTED NAME _____ SIGNATURE

Approved by: _____ Date: _____
Faculty Signature

_____ Date: _____
fredi Bleeker Franks

Educational Leave
Approved by: _____ Date: _____
Judianne Kellaway, M.D.

- All vacations must be scheduled with fredie Bleeker Franks at least **90 days** in advance or will not be approved. If a conflict develops, priority will be given to those requests that are received first.
- Each resident receives three calendar weeks (15 week days and 6 weekend days) of vacation. Vacation time cannot be carried over from one year to the next.
- A maximum of five (5) weekdays of vacation may be taken during any one rotation.
- Third-year residents may not take vacation during the last two weeks of June.
- Vacation may not be taken the first two weeks of July.
- Each resident will be granted five (5) weekdays of educational leave with pay to be used for examinations, meetings, etc. This time off will not be counted against vacation time. Educational leave must be approved in advance by Judianne Kellaway, M.D., and fredie Bleeker Franks.
- All vacations **must** be approved by the faculty member on whose rotation the resident will be during the vacation time requested.