UT Gastroenterology Fellowship Program
2010-2011

University of Texas System Medical Foundation
Request for Leave 2010-2011

Please note that Medical Foundation employees are entitled to 5 business days of educational leave per contract year and a maximum of 30 business days of sick leave, which accrues at the rate of 1 day per month and carries over through contract years. Fellows have three-calendar weeks (15 business days) of vacation. **Leave may be taken only during out-patient rotations.** It is the responsibility of the Fellow to make certain all call/conference responsibilities are covered during any requested time. Procedure logs must be up-to-date and received by the Fellowship Coordinator for approval and/or to be taken. Vacation time does not carry over between contract years. As Medical Foundation employees, Fellows do not have holidays. If the out-patient clinic the Fellow is scheduled to work is closed for a holiday, the Fellow also may have a holiday. If the clinic is open during a holiday time, the Fellow must use vacation time to be scheduled off. *Please do not put multiple dates on one request.*

Name: _____
Please Print Name Signature Date

I request that I be granted _____ days of leave (1 day = 8 hours)

from:_____to: _____(both inclusive)

To be charged as:

Vacation * Sick Leave Jury Duty Funeral Leave (3 days maximum)

GME Policy: Holidays taken are charged against vacation.

☐ Educational Leave: _____
Purpose: (attend conference, present paper, interview, USMLE/Board Exams)

☐ Leave of Absence: _____
Reason: (maternity/paternity; family emergency; away elective, etc.)

Jury Duty, Funeral Leave & Education Leave require the attachment of supporting documents, such as copy of jury summons and release; obituary; exam registration confirmation, conference registration, etc.

Will LBJ Fellows' Clinic be closed? ☐ **Yes** ☐ **No**
(If yes, attach LBJ clinic closure form)

Are you scheduled for call?

Rotation: _____

Are you assigned for any conference?
☐ Yes ☐ No
If yes, which?

Program Administrative Action:

Procedure log up current and received? ☐ Yes ☐ No
Presentations covered? ☐ Yes ☐ No
Call covered? ☐ Yes ☐ No

_____
Frank Lukens, MD **Date**
Program Director
Approved ☐ Yes ☐ No

	Vacation	**Sick Leave**	**Educational Leave**
Balance through this month	_____	_____	_____
Charged This Request	_____	_____	_____
Balance	_____	_____	_____

Entered into GMEIS _____by_____
Date initials