LSU PATHOLOGY LEAVE NOTIFICATION FORM

RESIDENT NAME: ____________________________________________

Total Hrs: __________

Dates: ______________________________________________________

Date Requested: ____________________________ (2 weeks prior)

Rotation: ________________________________________________

Site: ______________________________________________________

In my absence, the rotation will be covered by (if applicable):
________________________________________________________

*Signature Indicates Approval of Request:

REQUESTING RESIDENT: __________________________________

PROGRAM DIRECTOR: ____________________________________

SUPERVISING FACULTY: _________________________________

The above form must be completed at least two weeks prior to the first day of the stated vacation. All signatures are required in order for leave to be approved. After signatures completed, file with Leslie Davis. The resident is encouraged to make a copy for his/her own files. In case of emergencies, the director must be informed and proper action will be taken at that time.