

LSU PATHOLOGY VACATION/SICK LEAVE APPROVAL FORM

RESIDENT NAME _____

Service _____

Rotation _____

The above named physician has permission to take leave on the following:

Leave: Vacation_____ Sick_____ Educational_____ Other_____

Dates: m/d/yy _____

ROTATION DIRECTOR_____

RESIDENCY DIRECTOR_____

The above form must be completed at least two weeks prior to the first day of the stated vacation. This report must be filed with Leslie Davis, after completion. The resident is encouraged to make a copy for his/her own files. In case of emergencies, the chief resident must be informed and proper action will be taken at that time.