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.