



## SPECIAL LEAVE REQUEST FORM

RESIDENT'S NAME: \_\_\_\_\_

**Named Holidays:** \_\_\_\_\_

As per PARA Contract Article 21.02  
Please indicate named holiday(s) worked and dates away in lieu of named holiday worked  
(must be within the same rotation)

**Flex Days:** \_\_\_\_\_

As per PARA contract Article 22.01  
Each resident is entitled to four (4) flex days per appointment year

**Exam Leave:** \_\_\_\_\_

As per PARA contract Article 13 - Each resident is entitled to up to 5 consecutive days  
13.01 a) - Travel day(s) before/after if required  
13.01 b) - No travel required - day prior to exam + exam day(s)

**Study Leave:** \_\_\_\_\_

As per PARA contract Article 13  
Each resident is entitled to up to 5 non-consecutive days off during the 8 weeks preceding the exam (13.03)

**Educational:** \_\_\_\_\_

(Teaching, Conference,  
Course or Exam)  
Title, date(s) and location

As per PARA contract Article 12

**Other:** \_\_\_\_\_

\_\_\_\_\_

Please indicate reason and dates away from rotation

Assigned Rotation during Absence: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Rotation Preceptor Signature: \_\_\_\_\_

(Must be signed by Faculty Advisor First)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Residents requesting a day or days off from their assigned rotation for any given reason (named holiday(s), teaching, personal day, conference leave, exams, etc.), MUST ensure this form is completed, signed by the appropriate individuals, and returned to their SITE ADMINISTRATOR at least one month prior to their leave and at least 30 days prior to the start of the rotation.

RETURN COMPLETED FORM TO:

Department of Family Medicine, University of Alberta  
MacEwan University Health Centre  
Attention: Karen Adam (Site Admin) | Email: kmadam@ualberta.ca | Phone: (780) 784-6736 | Fax: (780) 244-6842