



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
Westview (WPC) Community Teaching Site | Fax: (780) 960-9581
Attention: Laurel Harrison/Grace Moe | Scanned copy to: gmoe@ualberta.ca | cc to: wpccts@telus.net