

# PARKLAND HOUSE STAFF REQUEST FOR TIME OFF

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Parkland

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Employee I.D. #: \_\_\_\_\_

Program Name: Psychiatry

Dates Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Returning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Number of Days Requested: \_\_\_\_\_

Vacation \*\*

Sick \*

Bereavement

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

## Approval:

\_\_\_\_\_  
Signature of UTSW Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elizabeth Ponce, Director, GME

\_\_\_\_\_  
Date

Approved

Declined

Reason: \_\_\_\_\_

## Please forward the Original to the Parkland GME Office

(\* ) Sick within three days of returning to work.

(\*\*) Residents/fellows are to follow his/her Program's protocol for requesting vacation time. If a specific program protocol does not exist, a minimum of seven (7) business days prior to the first day on which you are requesting vacation, is required. If you do not know your Program's requirement for requesting vacation please contact your Program Coordinator.