UNIVERSITY HOSPITAL

House Staff Physician's Leave Form

(Please Type or Print) Funding: ☐ UHS ☐ VAH ☐ UTHSCSA ☐ Military

NAME: _____ DEPARTMENT/DIVISON: _____

Month:																**Assigned Location:**															
Day																															
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Code																															

CODES: **V**=vacation **M**=meeting **NC**=no call **AR**=authorized rotation **S**=sick
L=leave of absence **RC**=request call **O**=other

☐ MEETINGS/CONFERENCES/SEMINAR (type and location):

_____

_____

_____

☐ AUTHOIZED ROTATION (name and address of facility): **NOTE**: NEED TO FILL OUT ELECTIVE FORM

_____

_____

_____

☐ OTHER (specify – license exam, board exam, jury duty, military reserves, etc. and location):

_____

_____

_____

☐ LEAVE OF ABSENCE (temporary disability, maternity, personal-accompanies by memo of explanation by Program Director):

_____

_____

_____

_____ _____

House Staff Physician's Signature and Date Program Director's Signature and Date
MERRILL KANTER CAROLIN, M.D.

_____

University Hospital System Official and Date

DISTRIBUTION: Original – UHS Physician Affairs Office
Copy – UT House Staff Coordinator
Copy – UH or VA Secretary
Copy – House Staff Member