

UTHSC Forensic Pathology Fellow Leave Request Form

Name: _____ Number of Days: _____

Dates requested: _____

Type of Leave:

- () Vacation / "Annual Leave"
() Educational: Conference/Activity _____
() Sick Leave
() Other: Bereavement / Jury Duty / Other (please circle, describe "other")

Clinical Duties will be covered by: (signature requested)

_____ (or N/A)

Teaching assignments will be covered by: (signature requested)

_____ (or N/A)

Date of Request: _____ Resident Signature: _____

Approved by:

Supervising Attending

Program Director – Dr. Danielle Harrell

Residents may take up to 15 annual leave days, 5 educational leave days, and 15 sick days per year. Residents do not receive pay for unused leave.

Completed forms go to Program Manager for verification of available leave days.