

QFPC RESIDENT ABSENCE/CHANGE REQUEST

Name:

**Date request
made:**

Type of Leave: (check one)

Vacation

Sick

Education*

***Please give name of conference attending & where or attach brochure**

QFPC resident related business* - i.e. residency fairs, etc.

***Please state business**

Date & Time leaving:

TO

Date & Time returning to work:

Rotation:

Number of working days:

**My duties in the residency
program will be covered by:**

Covering resident signature:

Date:

Chief resident approval:

Date:

Faculty approval:

Date: