

Request for Leave



Name:

Position:

Rotation/Service:

University of Louisville Department of Urology
501 E. Broadway, Suite 270
Louisville, KY 40202
Phone: 502-588-4746
Fax: 502-588-9537

<http://louisville.edu/medicine/departments/urology>

Type of Leave Requested: Vacation Sick Family Academic Other (explain)

Academic/Conference	<input type="text"/>
Dates	<input type="text"/>
Coverage in your absence	<input type="text"/>

If other, please explain reason for request	<input type="text"/>
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Once completed, print form for submission/approval

Requestor:	<input type="text"/>	Chief Resident Approval: (If applicable)	<input type="text"/>
Chairman/PD Approval:	<input type="text"/>	Dean SOM Approval: (If applicable)	<input type="text"/>