



HOWARD
UNIVERSITY
HOSPITAL

REQUEST FOR LEAVE

DATE: _____

POSTGRADUATE PHYSICIAN: _____

HOURS: _____

COST CENTER: _____

(Hours are based on 10hrs a day including holidays, but not including Sundays)

TYPE OF LEAVE:

_____ ANNUAL

_____ ADMINISTRATIVE*

_____ SICK

_____ LWOP (Leave without pay)

FROM: _____

month/day/year

THRU: _____

month/day/year

RETURN TO DUTY: _____

month/day/year

For Administrative Leave, please include copy of announcement

SIGNATURES OF THOSE WHO WILL COVER ABSENT PHYSICIAN'S DUTIES:

_____ M.D./D.D.S.

_____ M.D./D.D.S.

Comments: _____

Approval Signatures

RESIDENT'S SIGNATURE: _____
DATE

CHIEF RESIDENT SIGNATURE: _____
DATE

PROGRAM DIRECTOR/DEPT. CHAIR: _____
DATE

GME DIRECTOR: _____
DATE

**THIS FORM MUST BE SUBMITTED TO THE GME DIRECTOR FOR
LWOP, ADMINISTRATIVE and SICK LEAVE**