



School of Medicine  
Department of Obstetrics and Gynecology

**HOUSE OFFICER REQUEST FOR LEAVE OF ABSENCE**

I, \_\_\_\_\_ request a leave of absence from my  
duties at \_\_\_\_\_ Hospital on the  
\_\_\_\_\_ service beginning \_\_\_\_\_  
(day, date, time)  
and will return to assigned duties on \_\_\_\_\_.  
(day, date, time)

During my absence, patient care/responsibilities will be assumed by  
Dr. \_\_\_\_\_.

The purpose of my absence is  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I can be reached at \_\_\_\_\_

REQUESTED BY:  
\_\_\_\_\_  
(Signature)

APPROVED BY:  
\_\_\_\_\_  
(Faculty Attending)

\_\_\_\_\_  
(Date of Request)

\_\_\_\_\_  
(Date Authorized)

CHIEF RESIDENT NOTIFIED:  
YES          NO

**FINAL APPROVAL:**  
\_\_\_\_\_  
**Signature of Program Director**