DEPARTMENT OF FAMILY MEDICINE
Resident Leave and Funding Request

section 1

REQUESTED BY

Name: _______________________________________
Signature: ______________________________________
Date: __________________________________________
Email: _________________________________________

RESIDENCY YEAR

☐ PGY1  ☐ PGY2  ☐ Enhanced Skills

section 2

LEAVE INFORMATION

Dates Requested: ________________________________
Rotation you will be on during this time: ____________
Purpose of leave:
☐ Conference
☐ Workshop
☐ Course
☐ Other: _______________________________________
☐ Stat (in lieu of): ________________________________

ROLE

☐ Attendee
☐ Invited Speaker
☐ Presenter
☐ Other _________________________________________

If you are a speaker or presenter, indicate the title of your presentation:

________________________________________________

If you are attending a conference, course, or workshop, indicate the title and location of the event:

________________________________________________

section 3 (complete only if funding is requested)

FUNDING

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Expenses</th>
<th>Description of Allowable Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration fee</td>
<td>$</td>
<td>Registration Fee</td>
</tr>
<tr>
<td>Airfare or mileage</td>
<td>$</td>
<td>Economy return fare; boarding passes MUST be submitted even if airfare not reimbursed; mileage may be no more than economy airfare</td>
</tr>
<tr>
<td>Ground transportation</td>
<td>$</td>
<td>One return trip from the airport</td>
</tr>
<tr>
<td>Accomodations</td>
<td>$</td>
<td>Hotel or official Bed &amp; Breakfast</td>
</tr>
<tr>
<td>Meals / per diem</td>
<td>$</td>
<td>At university rate; no alcohol will be reimbursed</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Updated July 2016
INSTRUCTIONS

1. Complete sections 1 and 2.
2. Complete section 3 if funding is requested.
3. Ensure you have signed and dated the form (section 1).
4. Submit the form to your Education Assistant.
5. The Education Assistant will follow up on the administrative section of the form.

IMPORTANT: You must submit the completed and signed form at least 4 weeks (28 days) in advance.

FOR ADMINISTRATIVE USE ONLY

Date Received - to be filled out by the Education Assistant: __________________________

___________________________________________________________

SIGNATURE

Educational Event - for review by Education Director:

☐ Approved
☐ Denied

___________________________________________________________

DATE SIGNATURE

Absence - for review by Unit Director or Off-Service Preceptor:

☐ Approved
☐ Denied

___________________________________________________________

DATE SIGNATURE

Funding - for follow-up by Finance Assistant:

Approved Amount: __________________________

___________________________________________________________

DATE SIGNATURE