

# Otolaryngology Resident LOA Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LEAVE REQUESTED FROM: \_\_\_\_\_ THROUGH: \_\_\_\_\_

TYPE OF LEAVE:	# Unused days <u>BEFORE</u> this LOA	#Unused days <u>AFTER</u> this LOA	Days Used for this Request
<input type="checkbox"/> Vacation	_____	_____	_____
<input type="checkbox"/> Sick Leave	N/A	N/A	_____
<input type="checkbox"/> Educational Leave	N/A	N/A	_____

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## IF THIS REQUEST IS FOR EDUCATIONAL LEAVE, YOU MUST COMPLETE THIS SECTION:

Reason for Leave: ☐ Conference ☐ Course ☐ Presentation ☐ \*Other

\*If Other from above: \_\_\_\_\_

Name of conference/course: \_\_\_\_\_

Type of Presentation: ☐ Oral ☐ Panel ☐ Poster ☐ Other

Location of event: \_\_\_\_\_

Date(s) of presentation: \_\_\_\_\_

Name of Presentation: \_\_\_\_\_

Funding for Trip: ☐ Departmental ☐ Discretionary ☐ External ☐ Personal

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## APPROVAL:

**Chief Resident:**

☐ Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Residency Director:**

☐ Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Chairman:**

☐ Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Reason for disapproval, if applicable:

\_\_\_\_\_