

Date Requested: \_\_\_\_\_

[pdf of form](#)

**Presbyterian Hospital of Dallas**  
**Internal Medicine Residency Training Program**  
**Request for Vacation**

\_\_\_\_\_ (print) requests permission for vacation  
from \_\_\_\_\_ (Month, Day, Year) through \_\_\_\_\_ (Month, Day, Year).

I will return to work on \_\_\_\_\_ (Month, Day, Year)

Rotation during this period: \_\_\_\_\_.

I have verified that this vacation is not being take with any  
other resident on this rotation

\_\_\_\_\_  
Signature

**Associate Program Director**

**Approved:** \_\_\_\_\_

**Housestaff Coordinator**

**Approved:** \_\_\_\_\_

**Subspecialty Attending**

**Approved:** \_\_\_\_\_

**Vacation Balance:** \_\_\_\_\_ days

**Days Requested:** \_\_\_\_\_ days      **Days remaining:** \_\_\_\_\_

**Charts are Current and Up To Date:** Yes \_\_\_\_\_ No \_\_\_\_\_

CC: Internal Medicine Clinic X 5052

Date Sent: \_\_\_\_\_

