Cardiology Sub-Specialty Fellow Absence Form

This form must be completed **90 days prior** to planned absences in order to accommodate schedule changes. Failure to complete this form can result in an unexcused absence from the Sub-Specialty Fellowship Program, loss of salary for the dates involved, possible lack of training credit for the missed period and potential disciplinary action. Policy must be followed in regard to requests for time off. This form must be completed before it is turned in to the Program Coordinator (**Email notifications DO NOT secure your request**). Additionally, there will be no time off granted to fellows who are on a current clinical, EPS or non-invasive rotation. **The fellow is responsible for ensuring coverage in their absence.** Failure to do so may result in disciplinary action.

Sub-Specialty Fellow Name: ________________________________

Expected dates of Absence: ________________________________

Rotation Name: ________________________________

*No time off will be approved during a Clinical, EPS or non-invasive rotation without coverage.

Fellow Coverage: ________________________________

Are you scheduled to be in continuity clinic during this time?

☐ No  ☐ Yes  What dates: ________________________________

Clinic Fellow Coverage: ________________________________

Are you scheduled to give a conference? If so, which one? Who will you change with?

_____________________________________________________

Reason for Absence:

☐ Vacation  ☐ Conference

Type of Leave Requested:

☐ Educational Leave  ☐ Vacation

Leave Time Allowance: Vacation 15 days a year: Educational 5 days a year.

Additional Notes:

_____________________________________________________

Signature: Rotation Attending  Date ______________________

Signature: George S. Abela, MD  Date ______________________

Signature: Hillary Vogel  Date ______________________

Updated 1/1/2016 HV