



## UBC Department of Dermatology and Skin Science Resident Leave Request Form

Submit to Postgrad Program Assistant, 3rd floor - 835 West 10th Ave. Vancouver BC V5Z 4E8

Note: Red fields are required.

Your Info		Type(s) of Leave(s)	# of Days
Resident Name		Vacation	
Start Date / End Date	to	Flex	
Rotation		Lieu	In lieu of: *
# Days on Leave		Conference	
# Work Days on Leave		Other:	Type: # of days:

\*You may only apply lieu days within the year they were accrued

Academic Responsibilities to be considered			
Please select any and all activities affected by your leave; and if so indicate who will be providing coverage:			
VGH Rounds:	Resident Covering:	Journal Club:	Resident Covering:
Evening Call:	Resident Covering:	AHD Textbook Review:	Resident Covering:
Noon Patient Rounds:	Resident Covering:	Other:	Resident Covering:
Resident Clinic:	Resident Covering:	Other:	Resident Covering:

Rotation Preceptor Approvals			
Clinics Affected	Preceptor Name	Date(s) of Clinic	Preceptor Approval Signature

Conference Details (if applicable)			
Conference Name:		Are you presenting?	YES NO
Start Date / END DATE:	to	If YES, Presentation Title:	
Are you applying for funding from the Department?	YES NO	If YES, please fill out the estimated budget info below:	
<b>Items</b>			
Basic Registration Fee (only the early bird rates will be supported)		\$	
Abstract Submission Fees		\$	
Course Fee (Maximum \$200)		\$	
Return Economy Excursion Airfare		\$	
Hotel accomodation (double occupancy)		\$	
Ground Transportation (Maximum \$50)		\$	
Meal Allowance (reasonable requests will be reviewed)		\$	
Funding/ bursary requests pending approval by conference/ other external sources (please list as a negative figure)		\$	
Funding/ bursaries awarded by the conference or other external sources (please list as a negative figure)		\$	
<b>TOTAL</b> (the cost minus funding/ bursaries awarded or pending approval)		\$	

**IMPORTANT NOTE:** Estimated amounts provided above are used for Departmental budgeting purposes only; and will be approved only once a separate Departmental reimbursement request (including all itemized receipts) is submitted . Indicate ALL sources of funding you will be receiving. If your funding is pending approval, list it in the applicable line above). Final reimbursement amounts vary from year to year depending on available funds.

Previous Conferences this Year of Your Residency (if applicable)
NONE
IF YES, NAMES OF CONFERENCES:

<b>Leave Request Approval:</b> Dr. Aaron Wong, Residency Program Director	Date:
---	-------