Fellow Vacation/Sick Leave Request Form

To: Goetz H. Kloecker, MD, MBA, MSPH, FACP
   Director, Medical Oncology/Hematology Fellowship Program

From: ___________________________ Date of Request: _______________________

Please circle type of leave requested: Sick Leave or Vacation Leave

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**LEAVE DETAILS**

Dates Requested: ___________________ to ___________________

I will return to work on: _______________________

Total number of days requested: _______________

Number of days remaining: _______________
   (Fill in for vacation only)

____ I will travel out of Louisville during this time.

____ I will travel out of country during this time.*
   (*Fellows on J-1 visa must also submit a foreign national travel form when traveling outside the United States.)

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**COVERAGE**

It is the fellow’s responsibility to inform the attending of your leave dates.

1. Name of clinic attending(s):
   _______________________

   ➢ Did you notify your clinic attending(s) of your leave plans?       Yes_____        No_____

2. Name of service or research attending(s):
   _______________________

   ➢ Did you notify your service or research attending(s) of your leave dates?       Yes_____        No_____

3. Do you have any call assignments?_________
   If yes, list fellow covering call ________________

Please do not submit this form to the coordinator until you informed your attending(s) and obtained Dr. Kloecker’s signature.

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**FELLOW SIGNATURE:** ___________________________  **DATE:** _______________

**PROGRAM DIRECTOR SIGNATURE:** ___________________________  **DATE:** _______________

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COMPLETED FORMS SHOULD BE RETURNED TO YOUR FELLOWSHIP COORDINATOR, CTR ROOM 115
Fax 502.852.0012

Form Revised 06/16/17