Oregon Health & Science University
Department of Pathology

PLANNED ABSENCE NOTICE / AUTHORIZATION

_____ _____
Name Rotation (Service & Hospital)

_____ _____
Dates of Absence Days of Week

_____
Chief of Service Approval

Type of Leave:

Vacation _____ (number of Days)

Educational Leave _____

_____ (May require authorization)

Other _____

This form must be completed and turned in two weeks prior to time off.
Written authorization from chief of service also accepted via email.

When complete, please turn in form to:

Anna Ference, Training Programs Coordinator
Pathology, L113 or BSc 1359
Fax: 503.494.2025