

VACATION OR EDUCATION LEAVE REQUEST FORM for PGY 1 & 2

- **Submit this form to the training office WELL BEFORE the leave.** It must be approved prior to your leave.
- **EDUCATION LEAVE:** Begin by contacting training office to be sure the event will qualify for educational leave. Also submit supporting documentation i.e., meeting brochure, educational program agenda, etc with this form.
- **Special Circumstances:** Sometimes exceptions to the guidelines for leave are approved. Talk with the training office.

Resident requesting leave: _____ Signature: _____.

Service requesting leave from: _____.

- PGY-1 and PGY-2 residents must take vacation leave from their assigned rotations per the Vacation Schedule.
- Generally leave is from one service only and does not overlap with the change of services.
- No vacations are allowed out of the Inpatient Medicine rotation.

Type of leave requested (*please check one*): Vacation Leave Education Leave
 USMLE Step III Other (*incl. FMLA. Please describe*): _____

Dates of leave requested (**including** weekends and holidays): from _____ to _____.

- Generally, leave is not to be taken on the first or last week of a rotation.
- Also it is preferred that PGY2s on the wards do not take vacation in July or January when PGY1s are brand new.

Total number of days being used (**excluding** weekends and holidays): _____.

- All residents are allowed 15 days of vacation per year, and 5 days of ed leave (and 2 more for USMLE.)
- You are allowed a maximum of five days at a time and a maximum of five days out of a given rotation.

Print names <u>and</u> rotation of residents in Call Pool below. Circle call pool: VA / OHSU / none	Call Pool Residents sign here, or indicate email confirmation has been received.	Any leave or call requests planned during the dates your colleague is requesting leave?
1.		Y / N If yes, from _____ to _____
2.		Y / N If yes, from _____ to _____
3.		Y / N If yes, from _____ to _____
4.		Y / N If yes, from _____ to _____

- All four call pool resident blanks should usually be filled for OHSU and VA. Include the night float at OHSU.
- Emailed confirmations must address question about any planned overlapping leave.
- Emails may be printed out and attached once they are all received.

PGY2 only: Psychotherapy patient coverage will be provided by:

- Print Name: _____ Signature: _____

Approval of the following needed	Print Name	Signatures, or indicate email approval received
Rotation supervising attending		
Head of Service / Ward		
Chief resident (After all call pool info in table above to anticipate call schedule issues.)		

TRAINING OFFICE USE ONLY:

Date Submitted to Training Office: _____ Training Director Decision (circle): APPROVED or DENIED

Date of Decision: _____ Signature of Training Director: _____

Reason for Denial of Request, if denied: _____

Signature for all VA rotation leave (Dr. Misra): _____

It is imperative that the VA and OHSU know about all planned absences. Violation of the vacation or educational leave policy and procedures may result in probation, leave without pay, or other disciplinary procedures.

OHSU Department of Psychiatry Resident Leave Policy

Vacation

All residents are allowed 15 days of vacation per year, with a maximum of five days at a time. No vacations are allowed during the Inpatient Medicine CIM and night float rotations, PGY-1 and PGY-2 residents must take leave from their assigned rotations per the Vacation Schedule.

Request for Leave forms must be completed prior to taking vacation or education leave. This form is available in the Hawthorne Library next the resident mailboxes. You must obtain all signatures and submit the form to Training Office prior to vacation. Vacation and education leave is not granted until request is approved.

Education

All Residents are allowed 5 days of education leave per year. The Training Director must approve all education leave in advance. Two days of leave is allowed to sit for the USMLE board exam and is not counted toward the five days of education leave. Education leave is not granted for USMLE board preparation. All education leave forms must be accompanied by supporting documentation i.e., meeting brochure, educational program agenda etc.

Special Circumstances

The training program supports residents in their educational and employment pursuits. Residents are advised to meet with a training director if they anticipate a need for leave for activities such as the fellowship application process or job interviews.

Violation of the vacation procedures or policy may result in probation and leave without pay.

1. Leave forms are required for approved leave to occur.
2. Leave forms must be received by the Training Office before leave can begin.
3. PGY 1 and 2 have specific rotations assigned from which they take their vacation.
4. Failure to complete and submit the forms may result in disciplinary action, including, but not limited to, Leave without Pay.

If there are any questions, please contact myself , Sahana, Mark or Lisa.

D. Rosen, MD
Training Director
503-494-4490

Outpatient Clinics Vacation Procedure: Resident & Fellow

- 1.) Please forward your pager to the covering resident for issues during business hours.
- 2.) Forward your EPIC in-basket to the covering resident. Refill requests and non-urgent issues can be handled in this manner.
- 3.) Record a message on your voicemail using the standard script and directing patients to the covering resident's voicemail/pager number for issues that cannot wait until your return.
- 4.) Indicate your vacation on the "Away from Clinic" clipboard in the mailroom of the OPC and DCH clinics (indicating when you will be away from clinic and who the covering resident/fellow will be.)