



Keck USC/LAC+USC Medical Center
REQUEST FOR LEAVE

Keck Medical
Center of USC

Name: _____

County-Paid

USC-Paid

Date: _____

Rotation: _____

I will be absent on the following day(s): _____

Reason for absence:

Vacation

Personal

LOA (including maternity/paternity)

Fellowship Interview

Educational Day

Step 3

Boards

Other: _____

Medical Meeting

Name of Meeting: _____

Location: _____

**Signature of Resident
Requesting Time off**

_____/_____/_____

Date

**Signature of Resident
Providing Coverage**

_____/_____/_____

Date

APPROVED:

I hereby certify that the resident's service responsibilities including on-call assignments will be covered during the period of their leave:

Rotation Chief/Attending

_____/_____/_____

Date

Program Director

_____/_____/_____

Date