

# WRHE Resident Time Away Request Form

Academic Year 2026–2027

This form is used to request all scheduled time away from clinical duties, including PTO, conference attendance, interviews, FMLA, and wellness half-days. All requests are subject to program approval, staffing needs, and ACGME duty hour requirements.



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## Resident Information

**Name:** \_\_\_\_\_  
**Program:** \_\_\_\_\_  
**PGY Level:**  PGY-1  PGY-2  PGY-3  PGY-4  PGY-5  
**Email:** \_\_\_\_\_

## Type of Request (Check all that apply)

- PTO / Vacation
- Conference
- Interview Leave
- FMLA / Medical Leave
- Wellness Half-Day
- Other: \_\_\_\_\_

## Date(s) Requested

**Start Date:** \_\_\_\_\_  
**End Date:** \_\_\_\_\_  
**Total Hours:** \_\_\_\_\_

## Half-Day (if applicable):

AM  PM  
Date: \_\_\_\_\_

## Purpose / Details

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## Conference / Interview (if applicable)

**Name / Program:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Presentation:**  Yes  No (Title: \_\_\_\_\_)

## Coverage Confirmation

**Coverage arranged?**  Yes  No  
**Covered by:** \_\_\_\_\_

## Acknowledgment

- I understand approval is not guaranteed and depends on staffing and duty hour compliance.
- I understand FMLA requires additional documentation.

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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## Admin Use Only

**Status:**  Approved  Denied  Pending  
**Reviewed By:** \_\_\_\_\_  
**Notes:** \_\_\_\_\_