

Cardiology Sub-Specialty Fellow Absence Form

This form must be completed **90 days prior** to planned absences in order to accommodate schedule changes. Failure to complete this form can result in an unexcused absence from the Sub-Specialty Fellowship Program, loss of salary for the dates involved, possible lack of training credit for the missed period and potential disciplinary action. Policy must be followed in regard to requests for time off. This form must be completed before it is turned in to the Program Coordinator (**Email notifications DO NOT secure your request**). **Additionally, there will be no time off granted to fellows who are on a current clinical, EPS or non-invasive rotation. The fellow is responsible for ensuring coverage in their absence.** Failure to do so may result in disciplinary action.

Sub-Specialty Fellow Name:

Expected dates of Absence:

Rotation Name:

*No time off will be approved during a Clinical, EPS or non-invasive rotation with-out coverage.

Fellow Coverage:

Are you scheduled to be in continuity clinic during this time?

No Yes

What dates:

Clinic Fellow Coverage:

Are you scheduled to give a conference? If so, which one? Who will you change with?

Reason for Absence:

Vacation Conference

Type of Leave Requested:

Educational Leave Vacation

Leave Time Allowance: Vacation 15 days a year: Educational 5 days a year.

Additional Notes:

Signature: Rotation Attending

Date

Signature: George S. Abela, MD

Date

Signature: Hillary Vogel

Date