

PHYSICIAN'S REQUEST FOR ABSENCE FROM DUTIES
Population Health Unit

VACATION Absent from Duties from _____ to: _____ incl.
Number of Working Days Away _____
ACTUAL NUMBER OF: Vacation Days _____
Stat. Holidays _____

EDUCATION* Absent from Duties from: _____ to: _____ incl.
Number of Working days away _____
Conference/Course Name: _____
Dates: _____ Location: _____
ACTUAL NUMBER OF: CME Days _____
CME Travel Days: _____ CME in Lieu Days: _____
Stat. Holidays: _____

Note: Record weekend CME days as a "CME in-lieu" below (Record date earned & either date taken or TBA)
Additional Information? _____

- *When applying for **Out of Province CME** Leave, the scheduler will submit request on your behalf.
- Please **Attach a Course Outline** with this request.
- CME requests need be **accompanied by the Application for Education leave form.**

IN-LIEU DAYS (STAT. IN LIEU/CME IN LIEU)

Stat. In-Lieu days: _____ Date(s) earned _____ Date(s) taken _____
CME In-lieu: _____ Date(s) earned _____ Date(s) taken _____
Vac days used : _____ Vac Days Remaining: _____
CME Days used: _____ CME Days Remaining: _____
CME Travel Days used: _____ CME Travel days remaining: _____

Requested by: _____ Signature _____ Date: _____
(Print name)

This absence does not interfere with normal clinical PHU or other MHO absences and the Number of Days specified, as Vacation/CME leave will not exceed contract entitlements:

Approved by: _____ Date: _____
Director (or designate)
(NMS office Saskatoon)

Confirmed by: _____ Date: _____
(Scheduler)