University of Texas System Medical Foundation
Request for Leave 2010-2011

Please note that Medical Foundation employees are entitled to 5 business days of educational leave per contract year and a maximum of 30 business days of sick leave, which accrues at the rate of 1 day per month and carries over through contract years. Fellows have three-calendar weeks (15 business days) of vacation. Leave may be taken only during out-patient rotations. It is the responsibility of the Fellow to make certain all call/conference responsibilities are covered during any requested time. Procedure logs must be up-to-date and received by the Fellowship Coordinator for approval and/or to be taken. Vacation time does not carry over between contract years. As Medical Foundation employees, Fellows do not have holidays. If the out-patient clinic the Fellow is scheduled to work is closed for a holiday, the Fellow also may have a holiday. If the clinic is open during a holiday time, the Fellow must use vacation time to be scheduled off. Please do not put multiple dates on one request.

Name: ____________________________

I request that I be granted ____________________ days of leave (1 day = 8 hours)
from: ____________________ to: ____________________ (both inclusive)

To be charged as:

<table>
<thead>
<tr>
<th>Vacation</th>
<th>Sick Leave</th>
<th>Jury Duty</th>
<th>Funeral Leave (3 days maximum)</th>
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*GME Policy: Holidays taken are charged against vacation.

Educational Leave:

Purpose: (attend conference, present paper, interview, USMLE/Board Exams)

Leave of Absence:

Reason: (maternity/paternity; family emergency; away elective, etc.)

Jury Duty, Funeral Leave & Education Leave require the attachment of supporting documents, such as copy of jury summons and release; obituary; exam registration confirmation, conference registration, etc.

Will LBJ Fellows’ Clinic be closed? □ Yes □ No
(If yes, attach LBJ clinic closure form)

Are you scheduled for call? □ Yes □ No

If yes, which?

Program Administrative Action:

Procedure log up current and received? □ Yes □ No
Presentations covered? □ Yes □ No
Call covered? □ Yes □ No

Frank Lukens, MD
Program Director
Date

Approved □ Yes □ No

Vacation

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<th>Balance through this month</th>
<th>Charged This Request</th>
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Sick Leave

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Educational Leave

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Entered into GMEIS ____________________ by ____________________

Date ____________________ initials