

DEPARTMENT OF FAMILY MEDICINE

Resident Leave and Funding Request

section 1

REQUESTED BY

Name: _____

Signature: _____

Date: _____

Email: _____

STREAM

- | | |
|--|---|
| <input type="checkbox"/> Urban – FMC | <input type="checkbox"/> Rural – Brandon |
| <input type="checkbox"/> Urban – KMC | <input type="checkbox"/> Rural – Parkland |
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Rural – Portage la Prairie |
| <input type="checkbox"/> Northern/Remote | <input type="checkbox"/> Rural – Steinbach |
| <input type="checkbox"/> Rural – Boundary Trails | |

RESIDENCY YEAR

- PGY1
 PGY2
 Enhanced Skills

section 2

LEAVE INFORMATION

Dates Requested: _____

Rotation you will be on during this time: _____

Purpose of leave:

- Conference
 Workshop
 Course
 Other: _____
 Stat (in lieu of): _____

ROLE

- Attendee
 Invited Speaker
 Presenter
 Other _____

If you are a speaker or presenter, indicate the title of your presentation:

If you are attending a conference, course, or workshop, indicate the the title and location of the event:

section 3 (complete only if funding is requested)

FUNDING

Item	Estimated Expenses	Description of Allowable Expenses
Registration fee	\$	Registration Fee
Airfare or mileage	\$	Economy return fare; boarding passes MUST be submitted even if airfare not reimbursed; mileage may be no more than economy airfare
Ground transportation	\$	One return trip from the airport
Accommodations	\$	Hotel or official Bed & Breakfast
Meals / per diem	\$	At university rate; no alcohol will be reimbursed
Other (specify)	\$	



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INSTRUCTIONS

1. Complete sections 1 and 2.
2. Complete section 3 if funding is requested.
3. Ensure you have signed and dated the form (section 1).
4. Submit the form to your Education Assistant.
5. The Education Assistant will follow up on the administrative section of the form.

IMPORTANT: You must submit the completed and signed form at least **4 weeks (28 days)** in advance.

FOR ADMINISTRATIVE USE ONLY

Date Received - to be filled out by the Education Assistant: _____

SIGNATURE

Educational Event - for review by Education Director:

Approved

Denied

DATE

SIGNATURE

Absence - for review by Unit Director or Off-Service Preceptor:

Approved

Denied

DATE

SIGNATURE

Funding - for follow-up by Finance Assistant:

Approved Amount: _____

DATE

SIGNATURE