

GFP TRAINEE LEAVE FORM

OMSB-GFP-FRM-004

Name: _____

GFP No: _____

Training Specialty / Rotation name: _____

Rotation: 1 2 3 4 5 6 7 8

Training Center: _____

Type of Leave: Annual Sick Emergency Scientific Maternity Compensation

Leave Period: _____ Days

Date of Leave: From _____ To _____

Address: _____

E-mail Address: _____

Contact while on Leave: Name _____

Email _____ Phone _____

Signature of Trainee: _____ Date _____

For GFP office use:

Number of Leave Days taken in current academic year: _____

Remaining Leaves: _____

Approval of Program Director: Yes No

Name _____

Signature _____

Date _____

* Trainee must submit the forms for the Annual Leave before the start of the academic year
 * Trainee must report back from Leave immediately after the indicated date and submit return from leave form
 * Copy of signed & approved form must be sent to Program Administrator & Rotation Supervisor of affected rotation