**UCLA School of Dentistry**

**SECTION OF PEDIATRIC DENTISTRY**

RESIDENT REQUEST

FOR

VACATION EXCUSED ABSENCE SICK LEAVE

(Please indicate by checking appropriate box.)

Name: Today’s Date:

I would like to schedule time off on the following dates:

Day(s) – Circle Date(s) Number of Hours

M Tu W Th F

M Tu W Th F

M Tu W Th F

M Tu W Th F

If you are requesting an excused absence or sick leave, please provide the justification:

Please indicate by checking which Clinic Administrators need to be notified of your scheduled absence during this period.

CDC Campus Venice Clinic San Diego CDC Inglewood

*NOTE: All signatures below required and must be secured in the order listed*

 Clinic Administrator: Date:

 Signature

 Chief Resident: Date:

 Signature

 Program Director: Date:

 Signature

 Section Administrator: Date:

 Signature

***Please return the original to the Section Administrator***