

UVA Dept. of Psychiatric Medicine
Resident Vacation Request

Resident: _____

Dates Requesting (inclusive): _____ through _____

Unit assigned to you during this time frame: _____

Resident who will cover for you (print name): _____

Signature of Covering Resident: _____

Attending on Unit giving approval: _____

Signature of Attending: _____

Date request submitted: _____

Received by Residency Coordinator: _____