

Wake Forest University Baptist Medical Center

Rotating Resident Vacation Request Form (One request per form.)

Name of House Officer: _____

Department: _____

Rotation during which vacation will be taken: _____

Vacation dates being requested: _____

Date submitted: _____

Resident must obtain departmental approval before submitting form to rotating service. Resident should not make travel plans until final approval is received.

For Official Use Only:

Departmental approval: _____ Date: _____

Rotating Service – date/time received: _____ Date: _____

Reason denied: _____
