**Interdepartmental Division of Critical Care Medicine**

***University of Toronto, Critical Care Medicine***

**Vacation/Educational Leave and Not-On-Call Request Form**

**Do not make any firm commitments (i.e. flights, reservations, etc.) without receiving written/email confirmation from your base hospital coordinator.**

**Procedure (IMPORTANT):**

All trainees must submit their completed form to the Education Coordinator, Kasia Briegmann-Samson [kasia.briegmann-samson@uhn.ca](mailto:kasia.briegmann-samson@uhn.ca) **AND** tothe appropriate site of where the request is being made (see below)

1. All trainees must submit their completed form tothe appropriate site of where the request is being made (**see below**):

Mrs. Susan Tarnawski [TGHMSICUEducation@uhn.ca](mailto:TGHMSICUEducation@uhn.ca) for ***Toronto General Hospital***

Mrs. Claire Lauzon [edu.twhicu@gmail.com](mailto:edu.twhicu@gmail.com) for ***Toronto Western Hospital***

Mrs. Sheila Hu-Owen [Sheila.Hu-Owen@sinaihealth.ca](mailto:Sheila.Hu-Owen@sinaihealth.ca) for ***Mount Sinai Hospital***

Ms. Rhoda Ajeigbe[ccmeducation@smh.ca](mailto:ccmeducation@smh.ca) for ***St. Michaels Hospital***

Dr. Jutamas Saoraya [Jsaoraya@gmail.com](mailto:Jsaoraya@gmail.com) for ***Sunnybrook Health Sciences Centre***

1. It is your responsibility to request Not On-Call the last Sunday of the rotation, if you are approved off the first week of the next rotation block.
2. All requests should be submitted **at least 4 weeks before** the proposed request is set to begin.
3. Should a request be denied, a reason must be provided in writing and an alternative time must be agreed to within **two (2) weeks** of the request being made.
4. Not-on-call requests may be submitted; however, they are subject to approval and may not be guaranteed.

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| **TRAINEE INFORMATION** | | | | | | | | | | | |
| **Date Request Submitted** (*MM DD, YYYY*): | | | | | | |  | | | | |
| **Name: ­­­­­­­­­­­­­­­­­­** |  | | | | | | | | | | |
| **Phone #:** |  | | | | | **E-Mail:** | | | | | |
| **ROTATION INFORMATION** | | | | | | | | | | | |
| **Block (#):** |  | | **\*Rotation Name:** | | | | | | | | **\*Site:** |
| **Dates Requested:** | | | | | | | | | | | |
| (*All vacation requests must be Mon-Sun or Sat-Fri and may include only one weekend*) | | | | | | | | | | | |
| **If Unavailable, alternate Request:** | | | | | | | | | | | |
| *(Providing alternate dates reduces approval time significantly)* | | | | | | | | | | | |
| **TYPE OF REQUEST** | | | | | | | | | | | |
| **Vacation** | | **Conference/Educational Leave** | | | | | | |  | **Personal Day** | |
| **Other:** | | | | | | | | | | | |
| **Holiday Block XMAS** (*Dec 22-26, 2022 inclusive*) | | | | | | | | **OR**  **Holiday Block NYE** (*Dec 28, 2022 – Jan 1, 2023 inclusive*) | | | |
| *(All trainees must be present for the changeover date – December 27, 2022)* | | | | | | | | | | | |
| **Exam/ Interview** | | | | **Details:** |  | | | | | | |
| **Not On-Call Request** | | | | **Reason:** |  | | | | | | |

\*Pay close attention to details of your rotation site, as vacation requests submitted and approved by the wrong site will not be automatically honored.

For Office Use Only:

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Program Coordinator Date

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ADMINISTRATIVE OFFICE – Vacation Site Date