

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

2500 North State Street  
 JACKSON, MISSISSIPPI 39216-4505

Department of Orthopedic Surgery  
 and Rehabilitation

Area Code 601  
 984-6525

LEAVE REQUEST

NAME: \_\_\_\_\_ EMP# \_\_\_\_\_ DATE \_\_\_\_\_

EXPLANATION \_\_\_\_\_

(Attach doctor's certification for absence of 32 hours or more due to illness)

NUMBER OF HOURS	TYPE OF LEAVE	FROM		THRU	
		DATE	TIME	DATE	TIME
	Personal				
	Major Medical				
	Anniversary Holiday				
	Birthday Holiday				
	Training / Administrative				
	Uncompensated Absence				
	<b>Total Hours Requested</b>	<b>By:</b>			

Employee Signature

Approved: \_\_\_\_\_ Denied \_\_\_\_\_

APPROVAL:

Comments: \_\_\_\_\_

\_\_\_\_\_  
 Supervisor

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Department Head

\_\_\_\_\_  
 Chief Administrative Resident

CC: Susan Alexander  
 Amy Kraus  
 Sue Holliday  
 Faculty on Service =

\_\_\_\_\_  
 Chief Resident on Service

Chief Resident  
 Medical Mall Clinic  
 VA Service  
 VA Pay