

MEDICAL CENTER

PERFUSION PROGRAM
REQUEST FOR PERSONAL TIME OFF

Student Name: _____

Date Submitted: _____

Rotation Site: _____

Chief Perfusionist: _____

Type of Absence Requested:

- Sick Meeting Bereavement
 Personal Jury Duty Interview

Dates of Absence:

From: _____

To: _____

Number of Hours Requesting: _____

You must submit requests for absences, other than sick leave, bereavement, jury duty and interviews, two (2) weeks prior to the first day you will be absent.

Student Signature

Date

Approval

- Approved
 Rejected

Comments: _____

Chief Perfusionist Signature

Date

- Approved
 Rejected

Comments: _____

Program Director Signature

Date