



The University of Iowa Hospitals and Clinics  
Department of Radiology  
Radiologic Technology Education

### Personal Leave Request Form

Name: \_\_\_\_\_ Current Date: \_\_\_\_\_

Date(s) Requested as Personal Leave: \_\_\_\_\_

Time Range that you will be absent: \_\_\_\_\_ (If less than a full day state exact hours. This must always be done on didactic days that are less than 8 hours. No less than a 1-hour increment is permitted.)

Time off requested is during a (please check one) \_\_\_\_\_ Clinical day \_\_\_\_\_ Didactic day.

If time off requested is on a clinical day what area are you scheduled in: \_\_\_\_\_

Clinical leave time requested within 24 hours of the time the student wants off during a clinical day is to be cleared with the Clinical Chief in the area before giving Program Director notice that the student will be gone for that time.

When didactic leave time is requested the student is to contact instructor so she/he is aware student will not be in class.

After completing the form place it in the Program Secretary's mailbox in secretary's office. As long as you have time remaining your requested will be granted. Personal time in excess of the five days per year will not be granted unless extenuating circumstances exist.



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