

**PHARM.D. IV
NOTIFICATION OF PROFESSIONAL LEAVE OR VACATION
Record Form**

Only three days of professional leave or vacation may be taken during any one single advanced practice experience.

Student Name: _____

| Dates of Professional Leave or Vacation <i>(Each Student is allowed 5 days of professional leave or vacation)</i> | | | |
|---|---------|---------------------|-----------|
| Dates | Block # | Preceptor Signature | Days Left |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Return a copy of the record to the Experiential Education Office in 5-120 WDH one week prior to the first day of leave or vacation. Save a copy of the record and use it when requesting other dates during your rotations for record keeping.

Rev 5/05