



**Office of  
Graduate Medical Education**  
College of Medicine  
920 Madison Avenue, Suite 447  
Memphis, TN 38163  
t 901.448.5364  
f 901.448.6182

**Memphis  
Knoxville  
Chattanooga  
Nashville**

## **Program Director Leave Attestation**

University employees are required to work through their last day unless they have available leave. This form must be signed by the Program Director only for any resident that will be turning in this form and/or leaving prior to June 25<sup>th</sup>.

Resident/Fellow Name: \_\_\_\_\_

Program: \_\_\_\_\_

### **Program Director must compete and sign one of the two lines below:**

I attest that the above resident has unused annual leave to leave the program prior to June 30<sup>th</sup> with their last working day being \_\_\_\_\_.

\_\_\_\_\_  
Program Director Signature

The above resident/fellow does not have available annual leave but has completed all necessary training requirements and has permission of the program to leave early. He/She should be placed on leave without pay effective \_\_\_\_\_.

\_\_\_\_\_  
Program Director Signature