

# Department of Surgery Housestaff Request for Authorized Absence/Future Reimbursement

*This form should be submitted and approved before any travel arrangements are made.*

Name \_\_\_\_\_ Meeting Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Sponsoring Society: \_\_\_\_\_ City/State: \_\_\_\_\_

International: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Presentation: Podium Presentation Poster Presentation  
Virtual Presentation Committee Member  
Other \_\_\_\_\_

Departure from Philadelphia: \_\_\_\_\_ Presentation: \_\_\_\_\_ Return to Philadelphia:  
Date/Time \_\_\_\_\_ Date/Time \_\_\_\_\_ Date/Time \_\_\_\_\_

**Please type your name and sign here to indicate that you have received the approvals from your faculty sponsor, clinical service faculty chief, and program director as appropriate.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Director, Surgery Education** \_\_\_\_\_

**Vice Chair, Education** \_\_\_\_\_

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

Please return this form to your residency/fellowship coordinator. You will receive a confirmation of approval within one business day.