

**Anticipated Personal Leave Form
Dietetic Internship – Indiana University of Pennsylvania**

Authorization for personal leave requires that this form be completed to include all signatures 2 weeks prior to your requested personal day. A copy of the completed form should be provided to the program director, and if you are in a rotation, both your faculty rotation coordinator and your site supervisor. There are four personal days available to you during the dietetic internship. **ONLY ONE PERSONAL DAY PER ROTATION MAY BE USED. PERSONAL DAYS MAY NOT BE USED IN THE LAST TWO WEEKS OF THE DIETETIC INTERNSHIP. Please be sure to plan accordingly so that you have personal days available for those important, and often unanticipated personal needs.**

Name: _____ Date Form Completed: _____

Date(s) for which you are requesting personal leave: _____

Please describe what obligations or responsibilities you will be missing during the requested leave period:

Describe how these obligations or responsibilities will be met or covered:

Intern Signature: _____

Notes or conditions related to approval (optional):

Signatures should be obtained in this order:

Approved Not Approved _____
Site Supervisor Signature

Approved Not Approved _____
Faculty Coordinator Signature

Approved Not Approved _____
Faculty Coordinator Signature

Approved Not Approved _____
Dietetic Internship Director Signature