

University of Toronto

DEPARTMENT OF RADIATION ONCOLOGY NOTIFICATION OF ABSENCE

Name:	Date:
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I will be absent from the hospital on the following dates (inclusive):

From:	To:
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Reason for absence: <i>i.e. Vacation, float, education leave etc...</i>

Staff Supervisor at time of absence: _____
Approval Received? Yes/No

Please send NOA to the following group(s):

Off service:

andrea.bezjak@rmp.uhn.ca; Catherinek.Wong@utoronto.ca; Chief Resident

OCC Rad Onc Residents:

andrea.bezjak@rmp.uhn.on.ca; hany.soliman@sunnybrook.ca;
Catherinek.Wong@utoronto.ca; Lorelie.lacson@sunnybrook.ca; Chief Resident, OCC
switchboard, Senior Resident at OCC, Clinical Supervisor(s) and their Administrative
Assistant

PMH Rad Onc Residents:

andrea.bezjak@rmp.uhn.ca; Catherinek.Wong@utoronto.ca;
Chief Resident, Assistant Chief Residents, PMH Switchboard, 1B Reception Desk,
2B Reception Desk, RNC Nursing, Clinical Supervisor(s) and their Administrative Assistant