

INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM

ABSENCE REQUEST FORM

MUST BE SUBMITTED TO THE DEPT OF MED-PEDS THREE MONTHS IN ADVANCE

Forms must be submitted to the Med-Peds office **three months** prior to the first of the month for which leave is requested. (Example: Turn in by Dec 1st for a vacation requested in March). Absences during supervisory rotations are restricted to poster presentations, GME courses or interviews.

Vacations are required to be in 7 day blocks. Requests submitted less than 90 days require you to find coverage for your clinic and weekend dates. Interns may take no more than 5 weekdays and 2 weekend days off of PICU, NICU, and Peds Floors. Seniors may not take vacation on Peds Floors, PICU, or NICU. Vacation is not permitted during UHATS, MICU, or Night Float. Absences on Cardiology, Geriatrics, and Adolescent are granted only by exception, as these are required rotations.

DATE SUBMITTED: _____ **RESIDENT NAME:** _____

Are you scheduled for Journal Club, Trifecta, or MM&I during your requested leave dates? Yes No

***If yes, please explain:** _____

Rotation requesting leave from:

MEDICINE ROTATION: _____

***If during Supervisory Floor or ICU, which senior will be covering for you?:** _____

PEDIATRIC ROTATION: _____

Type of leave:

VACATION: Start Date _____ End Date _____

***If this replaces a request already submitted, please provide original dates:** _____

LEAVE OF ABSENCE: Start Date _____ End Date _____

OTHER: Start Date _____ End Date _____

Exam Interview Bereavement Other

Explain: _____

COVERAGE provided for AIM Patients (answering your prescription pages) by _____

For Chief Resident/Program Use

Med-Peds Program Signature **Approved** **Denied** for dates _____ through _____

IM or Pediatrics Program Signature **Approved** **Denied** for dates _____ through _____

EM Signature (if applicable) **Approved** **Denied** for dates _____ through _____

Clinic Approval (if less than 30 days notice) **Approved** **Denied** for dates _____ through _____

Comments: _____

Change in above dates to: _____ through _____

Program Director Signature Date

For Med-Peds Office Use:

Initial Log Notify Res Clinic Cx

Vac by Mo Attend. P to A/D