Email Form

ABSENCE REQUEST FORM
Internal Medicine-Pediatrics Residency Program
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.

TODAY'S DATE: _____ **RESIDENT NAME:** _____

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:** Dates from_____ through _____

☐ **OTHER:** Dates from_____through_____

☐ Exam ☐ Interview ☐ Bereavement ☐ Other

Explain: _____

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

Required

Below is for Office Use Only:

_____ ☐ **Approved** ☐ **Denied** for dates_____through_____
Med/Peds Program Signature Title

_____ ☐ **Approved** ☐ **Denied** for dates_____through_____
Internal Medicine or Pediatrics Program Signature Title

_____ ☐ **Approved** ☐ **Denied** for dates_____through_____
EM Signature (if applicable)

_____ ☐ **Approved** ☐ **Denied** for dates_____through_____
Clinic Approval (if less than 30 days notice)

Comments:_____

Change in above dates to:_____through_____

_____
Program Director's Signature Date

For Med-Peds Office Use:

☐ Initial Log ☐ Notify Resident ☐ Clin Cx ☐ Vac by Mo. ☐ Attendance ☐ P to A/D