

# INTERNAL MEDICINE-PEDIATRICS RESIDENCY PROGRAM

## GOLDEN WEEKEND REQUEST FORM

Date Submitted: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Month of Request: \_\_\_\_\_ Rotation: \_\_\_\_\_ Side: \_\_\_\_\_ Med \_\_\_\_\_ Peds

### INSTRUCTIONS FOR COMPLETING THIS FORM (PLEASE READ):

- All requests must be submitted at least **2 months prior** to the month of the request. (Example: Requests for October are due in August, etc.)
- If you are on UHATS or MICU, the only request that can be made is for which weekend you would like both days off. If this request is granted, that will determine your schedule for the remainder of the month
- If you are on a required subspecialty or elective rotation, you may request up to 2 weekends in which you do not want to be placed on call or night float coverage. However, you must list those weekends in order of priority.
- If you are scheduled for a vacation week during this month, **the weekend included in the vacation will automatically be considered your 1<sup>st</sup> priority request.** Only one other additional request may be made for the month and it will automatically be considered your 2<sup>nd</sup> priority request.
- The Chief Residents will honor as many requests as possible, especially 1<sup>st</sup> priority requests, but you **should not** assume that your requests will be granted until the final schedule is posted. It is **your responsibility** to ensure that you are not on call the days you requested off. You **should not** make plans to travel, especially on the weekend before your scheduled vacation, until you confirm you are not on call.
- After the final schedule is posted, any changes to the schedule are your responsibility. You must find another resident who will switch assigned calls with you, and these changes must be submitted on a Call Switch form.

### Call Requests:

• 1<sup>st</sup> Priority: \_\_\_\_\_

Reason (optional): \_\_\_\_\_

• 2nd Priority: \_\_\_\_\_

• Reason (optional): \_\_\_\_\_

\_\_\_\_\_  
Med-Peds Program Signature Date

Approved Denied

\_\_\_\_\_  
IM or Pediatrics Program Signature Date

Noted Denied

MP Office Use Only Initial Logged