

MICHIGAN STATE UNIVERSITY

INTERNAL MEDICINE RESIDENCY ABSENCE FORM

This form MUST be completed at least 8 weeks before any planned absence. Failure to complete this form will result in an unexcused absence from the residency program, loss of salary for the dates involved, possible lack of training credit for the missed period, and potential disciplinary action.

Resident Name: _____

Leave: ____/____/____

Return to Work Date: ____/____/____

Total Number of days requested: _____ (excluding weekends)

Rotation # _____ Rotation Name: _____

Are you scheduled to be in clinic during this time? Yes _____ No _____

Reason for Absence:

_____ Vacation _____ Other _____ Interview

_____ Conference _____ Out of Town Electives _____ Alternate Holiday

When you are going to be absent, *even for 1 day*, PLEASE change your pager and your e-mail out of office assistant to reflect this!

If on an in-patient rotation (FIRM, ICU, NF or SH-Med) you must complete page 2 also! You must have signature of resident covering as well as how you will repay coverage to the resident working in your place.

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Attending Physician for Rotation (NOT clinic attending):

Signature (Attending Physician) *Print Name* *Date*

Chief Resident

Signature (Chief Resident) *Print Name* *Date*

Program Administrator:

Signature (Program Administrator) *Print Name* *Date*

Program Director:

Signature (Program Director) *Print Name* *Date*

Wall Calendar _____

Spread Sheet _____

E-Mail _____

Days available _____
of days taken _____
Days Remaining _____
other days req during this rotation _____

COLLEGE OF
HUMAN MEDICINE

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