

INTERNAL MEDICINE RESIDENCY ABSENCE FORM
INTERVIEWS OR SPECIAL
EXCEPTIONS ONLY

This form is to be used to request **time off for interviews or program director approved conferences during mandatory rotations**. 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.

Physician name: _____ Date Request Submitted: _____

Rotation # _____ Rotation Name _____

Date(s) of absence (mm/dd/yyyy):

First day of absence: _____/_____/_____

Last day of absence: _____/_____/_____

Clinic dates effected: _____/_____/_____

I will work for the resident covering my clinic on the following day/dates to repay coverage:

From _____/_____/_____ to _____/_____/_____

Print Name

Signature of Resident covering clinic

Date

If effected rotation is FIRM, ICU, SH-Med, IRMC-Med, ER or NF you **MUST** designate resident coverage.

I will work for the resident covering my rotation on the following day/dates to repay coverage:

From _____/_____/_____ to _____/_____/_____

I have notified my rotation attending

Print Name

Signature of Resident

Date

I have NOT notified my rotation attending because:

Print Name

Signature of Resident

Date

____ Copy given to resident covering clinic

____ Rotation Attending notified by chief

____ Answering service notified by chief

____ Copy given to resident covering rotation

____ Clinic notified by chief

____ On Call changed