

# 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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Residency Program

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