



HOUSE STAFF TIME OFF REQUEST FORM

- 1. Completed forms are to be forwarded to the Medical Education Office 2 WEEKS PRIOR to the scheduled absence or activity and require the signature of the Vice President, Medical Education.**
- 2. FOR VACATION REQUESTS:** requires signature of intern/resident covering service; signature of Program Director (for residents and fellows) or attending physician for the rotation during which the time off is requested (for interns).
- 3. FOR CONFERENCES/SEMINARS:** for any off-site educational activity that would take the intern/resident/fellow off their assigned rotation, excluding Statewide Campus System Education Days. Requires signature of intern/resident covering service; signature of Program Director (for residents and fellows) or the attending physician for the rotation during which the time off is requested (for interns). Copy of conference agenda or brochure must be attached to this form.

NAME _____

DATE _____

VACATION REQUEST

DATES REQUESTED: _____ NUMBER OF DAYS: _____

PHYSICIAN COVERING _____

CONFERENCE/SEMINAR REQUEST

EVENT _____ DATES REQUESTED _____

SPONSORING ORGANIZATION _____ BROCHURE ATTACHED

PHYSICIAN COVERING _____

SIGNATURES

INTERN/RESIDENT/FELLOW _____ DATE _____

PROGRAM DIRECTOR (Residents/Fellows) _____ DATE _____

ATTENDING PHYSICIAN FOR ROTATION (OGME1) _____ DATE _____

APPROVAL

VICE PRESIDENT, MEDICAL EDUCATION _____ DATE _____

-----Office Use Only-----

REQUIRES UPDATE IN NEW INNOVATIONS

NEW INNOVATIONS UPDATED ON _____ BY _____