TIME OFF REQUEST FORM

Revised: 2/20/18

Policy:

- Form must be **COMPLETED 30 days prior** to date requested
- **Residents should try to arrange clinical coverage for planned day off**
- Time off will be deducted from allotted sick, personal or educational time.
- Approval required regardless of coverage needed.
- Electronic signatures are acceptable.
- There is **NO** guarantee request will be approved

Name: _____
Pager: _____
Home/Cell Phone: _____
Today's Date: _____/_____/_____

Reason for planned absence:

☐ DATE OFF Requested *[complete date]:*

I am requesting time off from:
☐ *[rotation name]*_____
☐ AM _____
☐ PM _____

If yes, coverage is provided by:

Dr. _____

Did you find coverage?
☐ Yes ☐ No

Signature: _____

Instructions:

1) Complete boxes above and submit to Chief Resident.
2) **Chief Resident** crosschecks schedule and compliance with curriculum, if no conflict signs form (this can be done via Email)

✦Chief Resident: _____ Date: _____ ☐ Approved ☐ Denied

3) Resident obtains approval from appropriate **Division Chief** (see list below):

✦Div Chief: _____ Date: _____ ☐ Approved ☐ Denied

4) If approved by above, RESIDENT then delivers form to appropriate APD.

✦APD Signature: _____ Date: _____

5) Chief Resident:
a. Updates AMION/schedule & **emails confirmation to** Resident **AHS email**.
b. Also updates Marinor Protacio
c. For clinic changes: Emails Rosalia de la Cruz (closures or make-up clinics only), Anita Roberts, and Dr. Laura Fernandez.

Division Chiefs:
Cardiology: Dr. Frohlich
Critical Care: Dr. Feeney
Gastroenterology: Dr. Bhuket
Geriatrics: Dr. Landau
Infectious Disease: Dr. McCabe
Inpatient Medicine: Dr. Mallick, Dr. Mistry
Neurology: Dr. Hagen
Palliative care: Dr. Hayward
Primary care: Dr. Nelson
Pulmonology: Dr. Schub

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Nephrology: Dr. Morrissey
Rheumatology: Dr. Ferguson