



HOUSESTAFF ABSENCE REQUEST FORM

**Housestaff Member
Requesting Change:**

Name (Printed): _____ Date: _____

Signature: _____

Service: _____

Date(s) of Absence: _____

Reason for Absence: _____

**Housestaff Member
To Provide Coverage:**

Name (Printed): _____ Date: _____

Signature: _____

Approvals:

Resident on Service (if applicable): _____ Date: _____

Attending Physician on Service: _____ Date: _____

Chief Resident of Residency: _____ Date: _____

Program Director: _____ Date: _____

GME office: _____ Date: _____

NOTE: *This request is valid only when the Office of Medical Education grants final approval and you have received official notification. Upon notification, it is YOUR RESPONSIBILITY to notify your service that you will be absent on the date(s) noted above.*

For Office of Medical Education Use Only:

- | | |
|--|--|
| <input type="checkbox"/> Housestaff Notified | <input type="checkbox"/> Copy to Personal File |
| <input type="checkbox"/> Medical Education Office | <input type="checkbox"/> Switchboard Notified |
| <input type="checkbox"/> Program Director Notified (if applicable) | <input type="checkbox"/> Chief Resident Notified (if applicable) |