M3 Leave Request form

Name _________________________________________ Date ____________________________

Rotation during which leave is requested _____________________________________________

Date(s) of requested leave ___________________________________________________________

➢ Requests for time off from a required clerkship are granted only for Medical or Educational Leave as defined below.

➢ Time off from a required clerkship to attend a conference will NOT be approved by the Clerkship Director.

Indicate the type of leave requested:

☐ Medical Leave: Planned absences are limited to two total days.
  # hours if less than a full day___________

☐ Education Leave: Up to three days will be approved for each of the following if a written request form is submitted and approved at least 6 weeks prior to the conference or the exam date to:

☐ present research at a conference; attach conference agenda, the conference flyer or letter of invitation documenting presentation.

☐ attend a conference as an elected institutional representative for a regional or national organization.

☐ take Step 2 CS exam.

☐ Approved ☐ Disapproved

Clerkship Director: ___________________________ Date: ___________________________

If approved, at the discretion of the clerkship director, the following make-up of missed activities/ experiences is expected:

_________________________________________________________________________________

_________________________________________________________________________________

Submit to Clerkship Coordinator:                  Pediatrics:
Community Medicine:                                Psychiatry:
Family Medicine:                                    Rural Track:
Internal Medicine:                                  Surgery:
OB/GYN:                                            Junior Clinical Experience: