

**REQUEST FOR SUBINTERNSHIP RESIDENCY INTERVIEWS
LEAVE OF ABSENCE**

Date: _____

Name (Print): _____

Pager #: _____

This Form Must be Completed, Signed and Returned to the Medicine Education Office
at least One Week Prior to Absence.

Please attach copies of your invitation(s) to interview.

ABSENCES

1. I will be gone from _____ to: _____

For an interview on _____ at _____

and will return to my rotation on _____

2. I will be gone from _____ to: _____

For an interview on _____ at _____

and will return to my rotation on _____

3. I will be gone from _____ to: _____

For an interview on _____ at _____

and will return to my rotation on _____

Total # of Days Absent _____

Please remember that you are allowed 3 days off during each rotation, and the days you take off for interviews count towards those 3 days off. Students may request an additional two (2) absences for interviews. Those additional two days will be made up by working the Saturday-Sunday following the exam, and will need to be pre-approved by your Clerkship Director(s), and this form (along with documentation) will need to be submitted at least one week prior to the absence(s).

Student's Signature _____

*Site Coordinator (Please Print) _____

Site Coordinator's Signature _____

Service Attending's Signature _____