

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

DATE: _____

NAME (PRINT): _____

ADDRESS: _____

PHONE: _____

PAGER #: _____

***ABSENCES* (LIST NO MORE THAN 3 ON EACH FORM)**

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 _____

STUDENT'S SIGNATURE _____

*SITE COORDINATOR (PLEASE PRINT) _____

SITE COORDINATOR'S SIGNATURE _____

SERVICE ATTENDING'S SIGNATURE _____

**FORM MUST BE COMPLETED, SIGNED AND RETURNED TO THE MEDICINE EDUCATION OFFICE AT
YOUR SITE ONE WEEK PRIOR TO ABSENCE.
PLEASE ATTACH COPIES OF YOUR INVITATION(S) TO INTERVIEW.**

***SITE COORDINATOR IS THE SUPPORT OFFICE STAFF.**