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**ABSENCE REQUEST FORM**

Please complete all sections of this form and return it to the appropriate clerkship office for approval. If you have multiple absence requests, complete separate forms for each different rotation/site.

Name: **Click here to enter text**. Class Year: Choose an item.

Email Address: Click here to enter text. Phone #: Click here to enter text.

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| --- | --- |
| **REQUEST 1** | **Request from:**  Day: Choose an item. Date: Click here to enter a date.  Time: Click here to enter text.  ALL DAY    **Returning on:**  Day: Choose an item. Date: Click or tap to enter a date.  Time: Click here to enter text.  Reason for absence*:* Choose an item.  Or add a different reason: Click here to enter text.  *To be completed by the Clerkship Director:*🖵 Approve 🖵 Disapprove |
| **REQUEST 2** | **Request from:**  Day: Choose an item. Date: Click here to enter a date.  Time: Click here to enter text.  ALL DAY    **Returning on:**  Day: Choose an item. Date: Click here to enter a date.  Time: Click here to enter text.  Reason for absence*:* Choose an item.  Or add a different reason: Click here to enter text.  *To be completed by the Clerkship Director:*🖵 Approve 🖵 Disapprove |

TOTAL number of absences that you have utilized this academic year: Click here to enter text.

What other days have you requested off or plan to request off from this elective/clerkship?Click here to enter text.

Clinical Site *(list actual service where line permits)*:  UTMC: Click here to enter text.

ProMedica: Click here to enter text.

AHEC: Click here to enter text.

Other Site: Click here to enter text.

Scheduled activities that will be / have been missed: Click here to enter text.

Have you provided additional documentation (doctor’s note, interview invitation, etc.)? Yes  No

I will notify the following attendings and/or residents on the service I am assigned to of this absence*:* Click here to enter text.

*I understand that I am responsible for all clerkship/curriculum content during my absence. It is MY responsibility to contact the clerkship coordinator no later than the first day of my return to find out what the requirements are to make-up my time missed.*

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Student Signature Date

🖵 Make-up time required Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approval Signature: *Clerkship Director* Date