

QUEEN'S UNIVERSITY
FACULTY OF HEALTH SCIENCES
UNDERGRADUATE MEDICAL EDUCATION

APPROVAL FORM FOR TIME OFF

Student's Name: _____

Class of: _____

Email address: _____

Pager &/or Phone #: _____

Requested dates of absence: _____

Rotation at time of absence: _____

Reason for Absence: *(Please check as applicable)*

PERSONAL DAYS

These requests must be submitted in writing at least 6 weeks in advance and will be [automatically approved as long as the following conditions are met](#):

1. The student has available personal days remaining.
2. The time off does not fall during a scheduled orientation session or examination period.
3. No more than three days may be requested off in any core rotation or two days in any core with subrotations (i.e. peri-op, surgery, med subspecialty.)
4. The request does not involve any peri-op block or Family Medicine in Block 7 except with the permission of the course director.
5. The absence does not overlap with another student's personal day request on the same service.

Details: _____

CONFERENCE LEAVE (you must be presenting.)

Conference Leave policy applies to the day of the presentation and up to two days travel time (depending on location)

Details and date of presentation: _____

ILLNESS

A physician's note is required if absence is longer than 48 hrs.

Details: _____

OTHER

Details: _____

Course Director's Approval: _____ Date: _____ Clerkship Director's Approval: _____ Date: _____

PLEASE NOTE THAT THIS DOES NOT EXCUSE YOU FROM CALL. YOU MUST ARRANGE FOR TIME OFF CALL DIRECTLY WITH THE INDIVIDUAL CREATING THE CALL SCHEDULE.