QUEEN’S UNIVERSITY
FACULTY OF HEALTH SCIENCES
UNDERGRADUATE MEDICAL EDUCATION
CLERKSHIP APPROVAL FOR TIME OFF

Student’s Name: ____________________________ Class of: ____________________________

Email address: ____________________________ Pager &/or Phone #: ____________________________

Requested dates of absence: ____________________________ Rotation/site 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 of the start of the rotation 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, examination period or other mandatory session.
   3. No more than 3 days may be requested off in any core rotation, 2 days in any 3 wk unit (surgery, med subspecialty) & 1 day in any 2 wk unit (periop).
   4. The absence does not overlap with another student’s personal day request on the same service.
   5. Block 8 requests are restricted to a maximum of 2 days, MUST be received before the CaRMS interview cycles starts (late requests will not be approved) and are subject to all conditions above. Personal days on CaRMS match day and the following day will not be considered until January of your graduating year.

Details: ____________________________________________________________

☐ CONFERENCE LEAVE (you must be presenting. Conference leave policy applies to the date of presentation and one travel day on either side, depending on the conference location.)

Details and date of presentation: _________________________________________

☐ ILLNESS

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.

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