**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 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 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 last day of MEDS 490 (**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.
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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.

Version 28-March-2018**