

Schedule Change, Clinic Change, & Vacation Requests

Name: _____ Date: _____

ONE WEEK VACATION REQUEST:

I would like my 1-week vacation from _____ to _____
Are you on sick call? _____ Yes _____ No (if you check yes, start over)

SCHEDULE OR CLINIC CHANGE REQUEST:

**** Clinics must be cancelled 12 weeks in advance. ****

I would like to switch my schedule in the following way:

Is this an elective switch? _____ Yes _____ No Block Dates _____

1. If yes, you must notify the Departments for the elective being dropped and added (see back of form for contact information). If the contact is not listed, call Debbie at 8-2388, #4.
2. Obtain the appropriate signatures below or attach an email to confirm notification.
3. You are required to complete 2 FULL BLOCKS OF OUTPATIENT ELECTIVES in addition to your Ambulatory Blocks. List the outpatient electives you have done and plan to do. Note in () next to the elective whether ½ or full block:
 - a. Outpatient electives done: (1) _____ (2) _____ (3) _____ (4) _____
 - b. Outpatient electives planned: (1) _____ (2) _____ (3) _____ (4) _____
4. Interns: You must complete 1 FULL BLOCK ELECTIVE AT THE VA. List your electives for your PGY-1 year and note in () whether ½ or full block:
Elective(s): (1) _____ (2) _____ (3) _____ (4) _____

Elective being dropped _____

Elective being added _____

Chief's Approval:

Neda Frayha, M.D.
Change entered into amion on: _____

Norman Retener, M.D.
Change entered into amion on: _____

Leann Silhan, M.D.
Change entered into amion on: _____

Change entered/changed in amion on: _____
Debbie Trust

You will receive a copy of this form back in your mailbox noting whether your requested change has been approved or not.