Excused Absence & Wellness Day Limited Leave Request
College of Medicine

For anticipated events, this form must be submitted for approval no later than 30 days prior to the start of the class or rotation. For emergent events (acute illness or emergency wellness day), submit the form within 24 hours after returning. For details, please refer to the COM Policy-106 Excused Absences and Wellness Days.

Affected Class/Rotation Title and Code:_____

Affected Class/Rotation Location_____**Date(s) Taken or Requested Off:** _____

Reason:

☐ Funeral
☐ Acute illness/urgent medical care appointment (Documentation required if absent more than 2 days)
☐ Preventative or routine health care appointment (Include documentation of visit)
☐ Religious observance/Holy Day
☐ Jury duty or other legal obligation (Include documentation)
☐ Step 2CK/CS*
☐ Residency Interview* (Include a copy of the interview invitation)
☐ Attendance at professional meeting (Include title and authors if presenting, or meeting name if a COM delegate)
☐ Wellness Day (Link to anonymous MSEC survey: https://goo.gl/forms/ZEEn3UlBsq7RSJek1)
☐ Other (briefly describe)

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*Taking CK is not allowed during required M3 clerkships or Junior Internships (JI). CS may be taken during M3 clerkships or JIs if scheduled for a Monday but must not be scheduled during clerkship orientations or shelf exams.

Optional: Additional information regarding absence (e.g., name of religious holiday; relationship to person getting married, or for funeral; location where Step 2CS is being taken; etc.)

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Student Name:_____**Signature & Date:** _____

Clerkship/Course Director: (Required prior to Excused Absence Approval by Supervisor)

 Name:_____**Signature & Date:** _____

Supervising Attending:

 Name:_____**Signature & Date:** _____

For clinical rotations, if approved by the Clerkship Director, Course Director or Instructor or Record, but not signed by the Supervising Attending; the Clerkship Director, Course Director/Instructor or Record assumes responsibility for communicating approved leave requests to the Attending and other team members.

 Send approved forms to Jenn Wilson: jmcadoo3@uthsc.edu

 Received in Office of Medical Education (Signature & Date): _____

Approved by CUME: 02/18/2019, Revised 10/21/2019