



REQUEST FOR TIME OFF FORM

School of Medicine

Office of the Dean

Mail code: L102
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Portland, OR 97239-3098
tel 503 494-8220
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Office of Admissions

tel 503 494-8220

Continuing Medical Education

Mail code: L602
tel 503 494-8700
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Development and Alumni Relations

tel 503 494-0723
fax 503 418-1025

Education and Student Affairs

tel 503 494-8228

Graduate Medical Education

Mail code: L579
tel 503 494-8652
fax 503 494-8513

Graduate Studies

tel 503 494-6222

Name: _____

Clerkship: _____

Date Today: _____

Requested Dates for Time Off: _____

Steps for Requesting Time Off

1. A student submits to the Clerkship Director the Request for Time Off form at least 6 weeks prior to the start of that clerkship.
2. Clerkship Director will consult the Dean's Office to see how many days off the student has already had prior to this request.
3. Clerkship Director reviews the request and will approve with conditions or deny.
4. Clerkship Director forwards the final decision and the Request for Time Off form to the Dean's Office where the attendance records will be maintained for all clerkships.

Please Select One Category:

Immediate Emergency/Illness:

Student or immediate family illness or emergency. Student should contact the clerkship director or designee immediately and request time off. Student should submit the Request for Time Off form to the clerkship director within 24 hours. Clerkship director can require this time to be made up if it exceeds two days.

Please indicate the dates you were off from the clerkship:

Request to attend/or present at a professional conference:

This category also includes interviewing or taking the USMLE exams. These events are known well in advance and the student should submit a Request for Time Off form to the clerkship director at least 6 weeks prior to the start of the clerkship to seek approval. Students are permitted to have a total of 2 days during the third year and 2 days off during the 4th year to pursue these kinds of events. Clerkship director can require this time to be made up if it exceeds two days.

Please indicate how this event will enhance your medical education. Please indicate the name of the meeting, location and dates you request off. Please use the back if necessary.

Please indicate how your patient care duties will be covered while you are away.

Non Urgent Personal Reasons:

Request for Time Off for non urgent personal reasons such as weddings, reunions, etc. are usually not approved by the clerkship director but can be reviewed if you submit a Request for Time Off form. The clerkship director requires all this time to be made up.

Please justify why this event is more important than participating in a required clerkship.

Please indicate how your patient care duties will be covered while you are away.

Student Signature and Date:

_____ Date: _____

Clerkship Director Signature and Date:

_____ Date: _____

Action Taken:

Denied _____

Approved _____ (time made up? Yes_____ No_____)

Please state the conditions for the approval (make up days, etc)

*Clerkship Directors - submit to Marcia DeCaro, L102
decaro@ohsu.edu
fax 494-3400*