CLERKSHIP ATTENDANCE POLICY

Students are expected to attend all activities involved in a required clinical clerkship. If a student is granted an approved absence that exceeds two days, then the student is expected to make up the time as outlined by the clerkship director. For absences that can be anticipated, approval must be obtained at least 6 weeks prior to the start of the clerkship. A student requesting time off must notify the clerkship director and attending physician by using the Request for Time Off Form. Finalized Request for Time Off forms will be submitted to the Dean’s Office for tracking.

There are three categories regarding absences from a clerkship:

1) 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.

2) 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. If the request conflicts with required activities in the clerkship (e.g. exams, etc) the request can be denied. Clerkship director can require this time to be made up if it exceeds two days.

3) 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.

Steps for Requesting Time Off

a. A student submits to the Clerkship Director the Request for Time Off form at least 6 weeks prior to the start of that clerkship.

b. Clerkship Director will contact the Dean’s Office to see how many days off the student has already had prior to this request.

c. Clerkship Director reviews the request and will approve with conditions or deny.

d. 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.

If a student has a sudden illness and must be out for a day then the student will seek approval per telephone with the clerkship director and submit the Request for Time Off form upon their return.
REQUEST FOR TIME OFF FORM

Name ____________________________________________

Clerkship ________________________________

Date Today ________________________________

Steps for Requesting Time Off

e. A student submits to the Clerkship Director the Request for Time Off form at least 6 weeks prior to the start of that clerkship.
f. Clerkship Director will consult the Dean’s Office to see how many days off the student has already had prior to this request.
g. Clerkship Director reviews the request and will approve with conditions or deny.
h. 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:
__________________________________

Clerkship Director:
Signature and Date: ____________________

Action Taken:
Denied ____________________

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

Clerkship Directors Submits to Vicki Fields, L102
fields@ohsu.edu
fax 494-3400