Paid Time Off

University of Wisconsin Department of Family Medicine
Eau Claire/Augusta
Approved: 7/1/11 Revised: 7/06/2017

Instructions: Complete and turn in this form *prior* to your planned vacation.

Note: *Please refer to the Eau Claire residency handbook pocket guide and Resident Employment Information Manual for additional information and clarification regarding vacation time and restrictions.*

Select time away:

□Vacation □Program/Business □Medical

Name: _____ Today's Date: _____

Proposed Dates: _____

1. What rotation(s) are you assigned during this time? _____

2. Are you scheduled for any clinic days during this time? □Yes, dates: _____
□No

Note: *Resident is responsible for contacting preceptors if rotation schedule has already been completed.*

3. Are you scheduled for Call/Weekend Rounding duties during this time? □Yes, dates: _____
□No

a. If yes, which resident is covering your responsibilities? _____

Approval:

□Approved □Not Approved _____
(Explanation)

Approved by: _____ Today's Date: _____
Medical Program Associate, on behalf of
Program Director

For office use:

- □ Verify allowable rotation/maximum time off during rotation
- □ Verify maximum # of residents allowed off
- □ Verify Clinic/Pt Care schedule
- □ Verify Call/Weekend Rounding responsibilities
- □ EPIC schedule reflects VACATION, if applicable
- □ Enter in NI-Assignment Scheduling
- □ Enter in NI-Block Schedule
- □ Verify Edu Conf presenter schedule

Original: Time Away Binder

CC: Resident