

**Clinical Phase 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 rotation. For emergent events (acute illness or emergency wellness day), submit the form within 24 hours after returning. For details, refer to policy COM106 (Excused Absences & Wellness Day for the Clinical Phase) .

**Affected Clerkship/Rotation:** \_\_\_\_\_

**Clerkship/Rotation Location:** \_\_\_\_\_ **Date(s) Taken or Requested Off:** \_\_\_\_\_

**Reason:**

Funeral

Acute illness/urgent medical care appointment of self or dependent (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 [Taking CK is not allowed during required M3 clerkships or Junior Internships (JI)].

Residency Interview (Include a copy of the interview invitation)

Other (briefly describe):

**Optional:** Additional information regarding absence (e.g., name of religious holiday; relationship to person getting married, or for funeral; etc.)

Attendance at professional meeting (*Include copy of the acceptance with this form including date of offer, title and authors if presenting, or meeting name if a COM delegate. This also requires preapproval by an academic dean.*)

**Academic Dean Signature & Date:** \_\_\_\_\_

Wellness Day (*Does not require explanation or reason for taking a Wellness Day*)

**Student Name:** \_\_\_\_\_ **Signature & Date:** \_\_\_\_\_

**Clerkship/Rotation Course Director:** \_\_\_\_\_ **Signature & Date:** \_\_\_\_\_

*(Required prior to Excused Absence Approval by Supervisor)*

**\*Supervising Attending:** \_\_\_\_\_ **Signature & Date:** \_\_\_\_\_

\*For clinical rotations, if approved by the Clerkship Director, Course Director or Instructor of 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 Ke’Nosha Anderson: [kande110@uthsc.edu](mailto:kande110@uthsc.edu)

**Received in Office of Medical Education (Signature & Date):** \_\_\_\_\_