Date Received:

Date Approved:

EMERGENCY MEDICINE RESIDENCY PROGRAM
2005-2006 Academic Year

Vacation Request Form

Resident Name:_____ Date:_____

Resident Year: EMY 1 EMY 2 EMY 3

Vacation Request: **(Please list in order of preference)**

Week 1:	From:	To:	Rotation:	Approved:
Week 2:	From:	To:	Rotation:	Approved:
Week 3:	From:	To:	Rotation:	Approved:
Week 4:	From:	To:	Rotation:	Approved:
Week 5:	From:	To:	Rotation:	Approved:
Week 6:	From:	To:	Rotation:	Approved:

EMY 1 --3 weeks vacation
EMY-2 --4 weeks vacation
EMY-3 --4 weeks vacation

Note: One week of vacation = 2 weekend days & 5 weekday days

Is all required paperwork complete? Yes_____ No_____
If no, approval of this request is held until all required paperwork is complete.

IMPORTANT GUIDELINES FOR TAKING VACATION:

EMY 1

Vacations may not be scheduled during Oral Surg/Ophtho, MICU, and Surgery (one month only). Vacations during some off-service rotations are not often granted. Special approval is required for any other off service month.

EMY 2

Vacations may not be scheduled during Neurology/Neurosurgery.
Vacations may be scheduled during Hurley Trauma, but shifts are often not decreased.
Special approval is required for any other off service month.

EMY 3

Vacations may be scheduled during: Hurley Trauma, but shifts are often not decreased.
Special approval is required for any other off service month.

Other considerations:

Off-service rotations = 1 week vacations only (not part week) except in special circumstances
Generally vacation not allowed during the first week on an off-service rotation
No two residents on vacation at same time on same off-service rotation.
Only two residents on vacation at same time in ED months/ED. No more than a total of 3 EMY II or EMY III residents on vacation/month/ED.
No vacations for EMY I or EMY II residents in Cooper ED during the last 2 weeks of June.

(Required ABEM Inservice exam: February 22, 2006)