

**Michigan State University
College of Human Medicine**

**Block III Absence Request for
Required and Elective Clerkships**

This form must be completed for **ALL** absences from clerkship activities. Requests for scheduled time off are to be submitted at least 30 days prior to the date(s) of absence whenever possible. Requests for scheduled time off arising less than 30 days prior to the date(s) of absence should be submitted as soon as possible. For unforeseen absences due to illness or family emergency, this form must be submitted no later than two days following the absence.

Scheduled absences are not approved until signed by both the Clerkship Director and the Community Administrator. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship, resulting in an unprofessional behavior mark.

For completion by Student:

Student Name: _____

Clerkship: _____

List date(s)/time(s) requested for scheduled absence:

OR

List date(s)/time(s) for unscheduled absences due to emergency/illness: _____

Reason for absence (please be specific): _____

Student Signature: _____ Date: _____

For completion by Clerkship Director:

Do you approve the absence(s) listed above as excused: Yes No

If yes, please specify the remediation required for this absence and discuss with the student (a remediation plan is required for all absences).

Approved by Clerkship Director: _____ Date: __/__/__

For completion by CHM Community Administrator:

Approved by Community Administrator: _____ Date: __/__/__

For Community Administrator use only: Copy to Student on __/__/__

Copy to Clerkship Director on __/__/__