

FELLOW'S VACATION NOTIFICATION

This is to formally notify you, as attending(s) of my rotation, that I will be taking vacation on the following dates:

Dates:

I understand that if I have not notified you 3 months in advance that it is my responsibility to obtain coverage for my absence (should you deem this necessary) and to notify you of my replacement. The attending(s) signature below will serve as documentation that he/she have been notified.

Fellow's Name	Date of Notification	Fellow Signature

Attending(s) Name	Date of Notification	Attending(s) Signature

Yes, I do require that the fellow find coverage:

No, I do not require that the fellow find coverage:

If notification is less than 3 months in advance and coverage is required:

Rotation to be Covered By	Dates of Coverage

I notified my clinic of this vacation on the below date (name of person you notified)

Please give a copy of this form to: Attending(s), Coordinator, Clinic Coordinator, yourself.