

Subspecialty Schedule/Vacation Change Form

All parts of this form must be filled out and signed by BOTH residents and Subspecialty involved in a switch before it will be considered. You are also required to obtain the signature of your Clinic Director before this form will be accepted by the Housestaff Office.

Date: _____

PART A: Resident/intern who wants to change: Name: _____

- 1) I want to switch from:
Subspecialty: _____
Month: _____
To:
Subspecialty: _____
Month: _____
- 2) Does this affect your Jeopardy coverage?
_____ Yes _____ No If yes, CMR in charge of Jeop signature _____
Old date for Jeopardy _____
New date for Jeopardy _____
- 3) **DATES OF VACATION** _____
IS THIS A CHANGE? _____ Yes _____ No
Old vacation: _____
New vacation: _____

I agree to this switch (sign): _____

B: Resident/intern who agrees to switch –

Name: _____

- 1) I agree to switch from:
Subspecialty: _____
Month: _____
To:
Subspecialty: _____
Month: _____
- 2) Does this affect your Jeopardy coverage?
_____ Yes _____ No If yes, CMR in charge of Jeop signature _____
Old date for Jeopardy _____
New date for Jeopardy _____
- 3) **DATES OF VACATION** _____
IS THIS A CHANGE? _____ Yes _____ No
Old vacation: _____
New vacation: _____

I agree to this switch (sign): _____

Once the above is complete, it must be handed/faxed to the chief residents at BOTH hospitals that will be affected. It is then your responsibility to ensure that the appropriate chief residents have seen the form, agree to you switch, and have signed the form:

Part C: Approvals:

Subspecialty Program Official's signature: _____

Subspecialty Program Official's signature: _____

Continuity Clinic Director's signature: _____

Last, you must hand/fax/email a copy of this form with all of the appropriate signatures to Sherry Berka (Phone: 303-724-1788, Fax: 303-724-1799, email: sherry.berka@uchsc.edu).

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