

REQUEST TO SWAP ROTATION

INSTRUCTIONS:

In order for you to change your schedule, we need to insure that a number of individuals are aware of and approve the change. This is to ensure that your schedule and payroll are accurate.

All request forms need to be submitted **3 months prior to the START DATE of the change** to be considered in order to guarantee approval. Requests made with less than 3 months notice cannot be guaranteed approval.

In obtaining permission from the appropriate parties, **either an email or signature will suffice.**

- If you are obtaining signatures, use the form.
- If you are receiving permission via email, email a copy of these emails and your completed form to the Scheduler ([Joni Anderson janderson@medicine.ucsf.edu](mailto:janderson@medicine.ucsf.edu)).

You may fax (502-1976) the form and permissions to the Residency Office (M987).

The Amion Schedule will reflect the change when approvals are received. If you should have any questions or concerns about the processing of this form, please contact the Scheduling Office in Moffitt M979, 476-3373.

Please note that you cannot be credited or paid for a rotation if this procedure is not followed:

You will need to obtain permission from:

1. Chief Resident in charge rotation scheduling at the VA
2. Associate Program Director.
3. Clinic Director if applicable.
4. Division Administrator for Education (this will be obtained via the Program Administrator once you've turned in your paperwork and permissions)

REQUEST TO SWAP ROTATION FORM

To be filled out by Residents:

Names:	<input type="checkbox"/> R1	<input type="checkbox"/> R2	<input type="checkbox"/> R3	Programs: VAPrime <input type="checkbox"/> Cat <input type="checkbox"/> UCPC <input type="checkbox"/> SFPC <input type="checkbox"/> VAPrime <input type="checkbox"/> Cat <input type="checkbox"/> UCPC <input type="checkbox"/> SFPC <input type="checkbox"/>
E-mail Addresses:	Today's Date:			
Rotation(s) and Month(s) affected by the change (ie: VAW and LTU in May and June):				
Change from (date and person):	Change to:			
REASON:				

1. Permission from Associate Program Director	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Name: _____ Name: _____ Date: _____
2. Permission from Scheduling Chief Resident @ the VA	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Name: _____ Signature: _____ Date: _____
3. Clinic Director	<input type="checkbox"/> Approve <input type="checkbox"/> NA <input type="checkbox"/> Disapprove	Name: _____ Signature: _____ Date Signed: _____

To be filled out by Program Administrator:

4. Approval from Division Administrator for Education	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Signature: _____ Date Signed: _____
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Amion updated _____

Updated 2/5/2009