



Clerkship Absence

Student name: _____, **Class of:** _____

Date or Dates of Absence: _____, **ABSENCE:** Planned: ____, Unplanned: ____

Mark the following mandatory requirements you have missed (unplanned absence) or are requesting to miss (planned absence):

1. Clinical duties: ____
2. Didactics: ____
3. Other (e.g. presentation, H&P): _____

Has the Clerkship Director excused your planned absence? Yes ____ No ____

Clerkship Director's name: _____

Have you notified the Clerkship Director and Coordinator: Yes ____ No ____

Clerkship Director's name: _____

Clerkship Coordinator name: _____

Unplanned absences:

- Illness/health care appointment: ____
- Family Emergency: ____
- Death in the Family: ____
- Other: _____

Planned absences:

- *Scheduled health care appointment: ____
- Religious Holidays: ____
(Please see the Religious Holy Days Policy in the Student Affairs Handbook)
- *Illness/health care appointment: ____
- *Presenting at a National Conference: ____
- *Interviews for Residency (MS4 only): ____
- *Other: _____

COVID-19 related absence:

- *Directed by Occupational Health COVID response or Public Health: ____

***Documentation required: Attach to email.**



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

PLANNED ABSENCE REQUESTS:

1. Please get permission from your clerkship director before scheduling the time off, unless an emergency. Absences are excused and arranging make up of missed days is at the discretion of the Clerkship Director.
2. Any questions, please review the Common Clerkship Policies 2020-2021
<https://el Paso.ttuhsc.edu/som/ome/common-clerkship-policies.aspx>
3. Email this completed form to PLFELPClerkshipAbsence@ttuhsc.edu