Vacation Change Policy
Effective from 2/16/10

PURPOSE
To clarify guidelines for requesting or changing vacation dates.

PERSONS INVOLVED
Residents, Faculty, Program Director, and Surgical Education Staff

PROCEDURES
Vacations will be granted under the following circumstances. The rules include the following:

- Vacations consist of seven consecutive days encompassing one weekend. This weekend cannot be a weekend in which the resident is on call.
- You may not take vacation during your night float, ICU (night) your ICU (day) rotation, or your Mt. Sinai rotation.
- No more than one resident on the same team may take vacation at the same time.
- No more than one week of vacation may be taken per rotation.
- Block out dates: the weeks of Christmas and New Years, the PAME exam (occurs every other year) the ABSITE exam (the last Saturday in January), Mock Oral exam (consult with residency coordinator for date), during a Night Float rotation, during a Mt. Sinai rotation, and during the month of June.
- At MacNeal no more than one resident can take vacation each month.

Requests to change vacations after the final vacation schedule is distributed must meet the following rules:

- The resident must complete the request to change vacation form with at least one month advance notice obtaining appropriate signoff (faculty team education coordinator, chief resident (if on a team rotation), and the Housestaff Coordinator in the Division of Surgical Education. The form is located on the Meditrek webpage www.meditrek.com.

APPEALS:
Any exceptions to these rules are made by the Program Director whose decision is final.
General Surgery Resident
Vacation Change Request Form

Resident Name: ________________________________

Vacation originally scheduled for the week of: ____________ (Seven consecutive days including one weekend)
Rotation Name: ________________________________

Requesting a vacation change for the week of: ____________ (Seven consecutive days including one weekend)
Rotation Name: ________________________________

Please obtain vacation change permission signatures from the following people and return the completed form to the Housestaff Coordinator, Galter 3-150.

1. Chief (or senior) Resident: ____________________________
   (Of the service on which you’re requesting to change your vacation)
   - Approved □
   - Not Approved □

   Chief Resident Signature

2. TEC: ____________________________
   (Of the service on which you’re requesting to change your vacation)
   - Approved □
   - Not Approved □

   TEC Signature

3. Housestaff Coordinator
   Division of Surgical Education: ____________________________
   - Approved □
   - Not Approved □

   Housestaff Coordinator Signature

PLEASE NOTE: Only one resident per service can be gone at any given time. You must also check cross-coverage of the call schedule to ensure that there will be adequate coverage.