

STUDENT PERSONAL HOLIDAY POLICY 2016-2017

UMKC SCHOOL OF MEDICINE

- All students shall receive the following holidays off of rotations for 2016-2017:
Monday, July 4, 2016 (Independence Day) Sunday, December 25, 2016 (Christmas Day)
Monday, September 5, 2016 (Labor Day) Sunday, January 1, 2017 (New Year's Day)
Thursday, November 24, 2016 (Thanksgiving) Monday, May 29, 2017 (Memorial Day)
- Students shall not take call and will be excused by 5:00 pm the night before each of the above holidays.
- Students will resume rotation duties the morning after the each of the above holidays.
- Each student may also receive one (1) personal day per school year (defined as June 1 through May 31).
- With discretion of the Clerkship Director(s) students may also request other days off in keeping with current "Clinical Excused Absence and Interview Policy". Clinical Excused Absence Forms can be obtained from your ETC.
- The Student Personal Holiday Policy applies to Year 3, 4, 5, or 6 students for clinical experiences only.
- Students will fill out and submit the Student Personal Holiday Request Form by the first (1st) of the month prior to the month in which the clerkship begins.**
 - Example: If your requested date is during a May clerkship (May 1-31), then the deadline to submit your Request Form is April 1.**
 - This deadline also applies to dates requested during the 2nd month of a 2-month clerkship. For example if your requested date falls in June during a May-June clerkship (May 1-June 30), the deadline to submit your Request Form is April 1.**
- Students will not be excused the day of a scheduled exam (subject, clerkship, etc.) or rotation orientation.
NOTE: It is the student's responsibility to make sure their holiday does not coincide with an exam or orientation day.

Please complete the portion below and submit to:

**Megan Reed- Gold 4
(reedme@umkc.edu / 816.235.1920)**

STUDENT PERSONAL HOLIDAY REQUEST FORM

Student Name: _____ Year: _____ Unit: _____

E-mail: _____ Phone number: _____

Date Requested for Personal Holiday: _____

Explanation of Personal Holiday: _____

Clerkship during which holiday falls: _____

If surgery, please list location of surgery clerkship: _____

Date this clerkship begins: _____ Check one: 1-month clerkship 2-month clerkship

Do you have continuity clinic on this requested day off? Yes No

Do you have a scheduled exam or orientation on this requested day off? Yes No

ETC Name: _____