

## STUDENT REQUEST FOR ABSENCE FROM CLERKSHIP ASSIGNMENT

The completion of this form is required for ALL clinic absences

### SECTION A: ABSENCE INFORMATION - To be completed by the student

Student Name (print) _____		Student Email _____		# of days requesting _____	
Clinic Assignment (check one)		CLERKSHIP I (OPTOM 458) <input type="checkbox"/>		CLERKSHIP II (OPTOM 468) <input type="checkbox"/>	
Date(s) Requested for Absence _____					
Reason for Absence _____					
<input checked="" type="checkbox"/> <b>Reminder: Please attach required documentation</b>		_____			
Plan for make-up: Current Site <input type="checkbox"/>		Date(s): _____		WOVS <input type="checkbox"/>	
Student Signature _____		Date _____			

### SECTION B: Site supervisor must sign and date to indicate approval for absence. **However, the Head of Clerkships decide the number of make up days required (if any).**

Site Name _____		Site Fax # _____	
Site Preceptor Name (please print) _____			
Permission is granted for absence from clinic assignment as requested.			
Site Preceptor Signature _____		Date _____	

### SECTION C: APPROVAL AND MAKE UP TIME - To be completed by the Head of Clerkships

Absence: Approved <input type="checkbox"/>		Not approved <input type="checkbox"/>		Comments: _____	
Make-up time: # of days required _____		Not required <input type="checkbox"/>		_____	
Head of Clerkship Signature _____		Date _____			

### SECTION D: If make-up time is completed at the clerkship site, please have the site preceptor verify below and then return the form back to the School of Optometry before end of rotation. If form is not received back, it will be assumed the make up time has **not** been completed and make up time will be assigned here at the School of Optometry.

I verify that required make up time was completed on _____	
Make-up time has <b>not</b> been completed <input type="checkbox"/>	
Authorized Signature _____ Date _____	