Request for Assignment Switch

(Call night & Surge dates)
(Rotation – requires approval of Chief Resident)
Submit all requests to Theresa Barnes, Residency Coordinator

ROTATION SWITCH (*2 months advance notice required)*:

Pager #	Resident/Intern Name	Scheduled Rotation	Rotation Requested	Month / Yr	Resident with whom you're switching

Signatures of residents/interns involved:

_____ _____

_____ _____
(Date) (Date)

❑ Approved ❑ Denied

Signature of Chief Resident: _____
(Date)

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CALL NIGHT CHANGES (Chiefs *approval required for these switches due to possible effect on continuity clinic scheduling.*):

Pager #	Resident/Intern Name	Ward Rotation (Onc, MICU, etc.)	New Call Date	Original Call Date

SURGE CALL CHANGES (*signature required*):

Pager #	Resident/Intern Name	New Surge Dates	Previously scheduled dates

Signatures of residents/interns involved:

_____ _____

_____ _____
(Date) (Date)

(Do not write below this line.)

Date received: _____
Approved: _____

❑ AMION changes done
❑ Simon call entry changes completed
❑ Clinics reinstated, cancelled, or reassigned
❑ Meredith notified of changes made to clinics
❑ Changes made on N Drive Schedules