

Time Away Extends Form

Program
Coordinator
Name:

Phone Number:

Email Address:

Resident/Fellow
Name:

Trainee
Program:

Time Away Start
Date:

Time Away End
Date:

Status Change
Date:

Enter the date you want their status to change (i.e.
from RL1 to RL2, etc.)

New Program
End Date:

Email completed form to: RMSHelp@umn.edu.

This form is completed as last step in LOA process. It is done when trainee returns to work so that the Program Coordinator is confident there is not a change in the LOA that will impact the information on this form.

Please make sure the block schedule is updated with the "Time Away Extends Training" rotation prior to sending the form,