



Holiday Compensation Form

Date:
Resident Name:
Program:
Holiday Worked (include date):
Hospital Where Worked:

List at least three dates in order of preference for alternate day off; form must be submitted within ten days of holiday. May add additional requests as needed. Alternatively, a Housestaff officer may elect to defer the request and make the request at a later date and submit another form.

Date Requested:	Program Director Decision (grant one):	
1. _____	Granted	Declined
2. _____	Granted	Declined
3. _____	Granted	Declined
4. _____	Granted	Declined
5. _____	Granted	Declined

I am deferring my request to a later date

Housestaff Signature

If alternate day off deferred, please note below the outcome; this part must be completed prior to June 30th.

Alternate Day Off Deferred to Next Academic Year* Pay granted in lieu of Alternate Day off

Housestaff Signature

PD/designee signature

Form must be submitted by the resident no more than ten business days from the holiday worked. Program director shall respond to the request within ten business days.

*If Alternate Day off deferred to following academic year, no pay can be granted for this day

-original to be kept in resident file; copy to resident and GME office