

**LAC+USC MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
Resident Request For Shift Change**

YOUR NAME:

TODAY'S DATE:

NAME OF RESIDENT TAKING TRADED SHIFT:

Please fill in your schedule for the week that contains the shift you would like to trade and circle the shift to be traded:

	M	T	W	TH	F	S	S	Total Clinical Hours this week
DATE								PRE-Trade:
AREA								POST-Trade:
SHIFT								Must not exceed 60 hrs

Block:
Resident:

Please fill in the current week schedule of the resident who will be taking your shift and circle the new shift on their new weekly schedule:

	M	T	W	TH	F	S	S	Total Clinical Hours this week
DATE								PRE-Trade:
AREA								POST-Trade:
SHIFT								Must not exceed 60 hrs

Block:
Resident:

SHIFT PAYBACK

Payback will be determined at future date ____ (check here)

Fill in the schedule for the week that contains the shift that will be traded and circle the shift to be traded:

	M	T	W	TH	F	S	S	Total Clinical Hours this week
DATE								PRE-Trade:
AREA								POST-Trade:
SHIFT								Must not exceed 60 hrs

Block:
Resident:

Please fill in the current schedule of the resident who will be taking your shift and indicate how the new shift will fit into their weekly schedule:

	M	T	W	TH	F	S	S	Total Clinical Hours this week
DATE								PRE-Trade:
AREA								POST-Trade:
SHIFT								Must not exceed 60 hrs

Block:
Resident:

SIGNATURE OF RESIDENTS INVOLVED:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Submit form to Ron Welch for approval in Room 1018 (Residency Office) or put under Residency Office door if after hours (Please do not put in mailbox in Room 1011)

If you submit a trade form after hours, it may not be approved. Check your email frequently for approval or questions about the trade.

If there is less than 24 hours notice before a trade is to occur and it is an emergency, you must notify:

- (1) Ron Welch with the reason and exact details of the trade
- (2) The DEM OD
- (3) A member of the residency office