

**Schedule Change Documentation Form  
Dietetic Internship – Indiana University of Pennsylvania**

For occasions in which there is a schedule change or an unanticipated absence (e.g., car breaks down, roads are too unsafe due to weather conditions) from a rotation site or responsibility, please complete this form as soon as possible or within 3 business days. A copy of the completed form should be provided to the program director, and if you are in a rotation, both your faculty rotation coordinator and your site supervisor. **Regardless of the reason for a schedule change or an unanticipated absence, you must ensure that the total number of hours/competencies required are completed in the rotation.**

1. Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

2. Period of Unanticipated Absence Total Hours = \_\_\_\_\_

- o Leave START Date and Time for which you are reporting an unanticipated absence:

\_\_\_\_\_

- o Leave END Date and Time for which you are reporting an unanticipated absence:

\_\_\_\_\_

**OR**

For schedule change: Please lists the dates/times that have been changed:

- o ORIGINAL Date and Time: \_\_\_\_\_

- o NEW Date and Time: \_\_\_\_\_

3. Please describe what obligations or responsibilities that were missed during the reported schedule change or unanticipated leave period: \_\_\_\_\_

\_\_\_\_\_

If applicable, describe how these obligations or responsibilities were covered or will be made up:

\_\_\_\_\_

\_\_\_\_\_

4. For cases of schedule change or unanticipated/emergency absence, please describe the timing and mechanism by which you notified any parties affected by your absence:

\_\_\_\_\_

\_\_\_\_\_

5. Intern Signature: \_\_\_\_\_

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**Use reverse side of this sheet for notes or conditions related to excusal for unanticipated absence report (optional).**

*Signatures should be obtained in this order:*

Excused       Not Excused

\_\_\_\_\_  
Site Supervisor Signature

Excused       Not Excused

\_\_\_\_\_  
Faculty Coordinator(s) Signature(s)

Excused       Not Excused

\_\_\_\_\_  
Dietetic Internship Director Signature