Moonlighting Exception Request

Name of Resident: _____

Residency Program: _____

My average number of hours worked per week in over the last 4 weeks are

Residency program = _____

Moonlighting = _____

At the time I was approved for Moonlighting, there was a 600 hour limit per academic year for residents in their clinical years. I am requesting an exception to the annual maximum hour limit based on the following rationale:

I understand that if this exception is granted, the new maximum moonlighting hour limit is 900 hours and that no further exceptions can be granted this academic year. In addition, I understand that moonlighting may not be allowed on every rotation and that my ability to moonlight is contingent upon my maintaining good progress in my residency education program.

_____

Resident Signature/Date

As the residency program director, I approve this request because it is not anticipated to impact the resident's educational experience.   In addition, I will continue to assess the resident's duty hours to ensure that duty hours violations do not occur. I am confident that this additional moonlighting will not adversely impact the resident's education because:

_____

Program Director Signature/Date