

Fatigue Mitigation Approval Form

Fill out the form below completely. The form must be approved by your program director and submitted with the Travel Voucher Form and Original Receipt. All documentation must be submitted together to the GME office at zip 8430.

Resident Full Name _____
Employee ID Number _____
Phone _____
Transportation Service Used _____
Reimbursement Amount _____
Date of Travel _____
Approximate Time of Travel _____

Description of situation
leading to Fatigue
Mitigation.

Approval

Resident Signature _____	Date _____
Program Director Signature _____	Date _____