

# 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	<u>Resident Smith</u>
Employee ID Number	<u>123456789</u>
Phone	<u>(631) 444-2084</u>
Transportation Service Used	<u>Uber</u>
Reimbursement Amount	<u>\$ 18.75</u>
Date of Travel	<u>9/26/18</u>
Approximate Time of Travel	<u>2:15 AM</u>

Description of situation leading to Fatigue Mitigation. Working at Northport VAMC became fatigued.

Approval	
Resident Signature	<u>R. Smith</u>
Program Director Signature	
Date	<u>9/28/18</u>
Date	