

Fatigue Mitigation Approval Form

Fill out the form below completely. The form must be approved by your program director and submitted with travel receipts. All documentation must be submitted together to the GME office at gme@stonybrookmedicine.edu.

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

Please provide rationale for transportation needs:

Approval

Resident/Fellow

Signature _____ Date _____

Program

Director

Signature _____ Date _____