

# 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](mailto:gme@stonybrookmedicine.edu).

Resident/Fellow Full Name	<u>John Smith</u>
Employee ID Number	<u>170025369845</u>
Phone	<u>(631) 444-2080</u>
Transportation Service Used	<u>Uber</u>
Reimbursement Amount	<u>\$ 18.11</u>
Date of Travel	<u>2/19/25</u>
Approximate Time of Travel	<u>21 minutes</u>

Please provide rationale for transportation needs:	<u>Working at the Northport VAMC and became fatigued.</u>
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## Approval

Resident/Fellow Signature	<u><i>John Smith</i></u>	Date	<u>2/20/25</u>
Program Director Signature	_____	Date	_____