



# MRC Member's University Responsibilities Coverage Form

Name of Deployment:

\_\_\_\_\_

1. MRC Member Name (print): \_\_\_\_\_

2. Deployment Date(s): \_\_\_\_\_

I have reviewed my calendar for the proposed deployment dates, have identified the following commitments, and have made arrangements for appropriate coverage while I am deployed:

1. I have <b>teaching</b> responsibilities during my potential deployment date(s).	Yes	No
I have notified my supervisor and made arrangements to cover my teaching responsibilities.	Yes	No
2. I have <b>clinical</b> responsibilities during my potential deployment date(s).	Yes	No
I have notified my supervisor and made arrangements to cover my clinical responsibilities.	Yes	No
3. I have <b>research</b> responsibilities during my potential deployment date(s).	Yes	No
I have notified my supervisor and made arrangements to cover my research responsibilities.	Yes	No
4. I am a <b>staff member</b> and I have job responsibilities during my potential deployment date(s).	Yes	No
I have contacted my supervisor and made arrangements to cover my job responsibilities.	Yes	No
5. I am a <b>student</b> , and I will be missing lectures, labs, or exams during my potential deployment date(s).	Yes	No
I have contacted my instructors and made arrangements to cover my coursework responsibilities.	Yes	No

Completed by: \_\_\_\_\_ (MRC member signature)

Date: \_\_\_\_\_

Please return this form by \_\_\_\_\_

FAX this document to: 612-626-4704

Or

Scan and email to [medicalreserve@umn.edu](mailto:medicalreserve@umn.edu)