GME LEAVE OF ABSENCE REQUEST FORM

to SIUSOM HR to evaluate if the LO	s of more than 2 weeks of consecutive time off. All requests for PCML will be forwarded A request qualifies under the Family and Medical Leave Act. If the LOA request meets Il receive additional paperwork directly from SIUSOM HR to complete and submit.
RESIDENT/FELLOW NAME:	TRAINING PROGRAM:
EMPLOYING HOSPITAL:	PGY:
AVAILABLE PAID TIME OFF AS OF L	OA START DATE:
Sick: Va	cation:
PROPOSED DATES OF LOA:	
Are the dates: definit	e or estimated
TYPE OF LEAVE REQUESTED (list to	tal # of weeks in blank). If requesting PCML, skip to that section.
□ Vacation	
□ Sick	
🛛 Unpaid	
	Medical Leave (PCML) – Requires that the resident/fellow reserves a minimum of one on leave. See policy for details.
Type of Leave Pres	erved: Sick Vacation
Will the LOA be:	Continuous I Intermittent I Reduced Schedule
□ Parenta 	ude # of weeks or days in space before each type): I Sick – If sick time is borrowed from upcoming PGY, indicate the # of weeks and PGY borrowed from: # of weeks: from PGY: Vacation Unpaid
□ Caregiv □ Medica 	 Sick – If sick time is borrowed from upcoming PGY, indicate the # of weeks and PGY borrowed from: # of weeks: from PGY: Vacation Unpaid

Continued on next page

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By signing this request form, the resident/fellow and program director acknowledge that they have discussed any impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon the trainee's projected eligibility to participate in examinations by the specialty Board. Should the reason for leave meet the eligibility under the Family and Medical Leave Act (FML), paid leave will run concurrently with FML.

Resident	Date	Program Director	Date

This form has been reviewed and approved by the GME Director or designee, and forwarded to the Employing Hospital and SIUSOM Human Resources if PCML has been requested.

Graduate Medical Education Date