

GME LEAVE OF ABSENCE REQUEST FORM

Complete this form for LOA requests of more than 2 weeks of consecutive time off. All requests for PCML will be forwarded to SIUSOM HR to evaluate if the LOA request qualifies under the Family and Medical Leave Act. If the LOA request meets FML criteria, the resident/fellow will 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 LOA START DATE:

Sick: _____ Vacation: _____

PROPOSED DATES OF LOA: _____

Are the dates: ___ definite or ___ estimated

TYPE OF LEAVE REQUESTED (list total # of weeks in blank). If requesting PCML, skip to that section.

Vacation _____

Sick _____

Unpaid _____

Parental, Caregiver, or Medical Leave (PCML) – Requires that the resident/fellow reserves a minimum of one week of paid sick or vacation leave. See policy for details.

Type of Leave Preserved: Sick Vacation

Will the LOA be: Continuous Intermittent Reduced Schedule

Type of PCML (include # of weeks or days in space before each type):

Parental

_____ Sick – If sick time is borrowed from upcoming PGY, indicate the # of weeks and PGY borrowed from: # of weeks: _____ from PGY: _____
_____ Vacation
_____ Unpaid

Caregiver

_____ Sick – If sick time is borrowed from upcoming PGY, indicate the # of weeks and PGY borrowed from: # of weeks: _____ from PGY: _____
_____ Vacation
_____ Unpaid

Medical

_____ Sick – If sick time is borrowed from upcoming PGY, indicate the # of weeks and PGY borrowed from: # of weeks: _____ from PGY: _____
_____ Vacation
_____ Unpaid

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