GME LEAVE OF ABSENCE REQUEST FORM

Complete this form for LOA requests of more than 2 weeks of consecutive time off.

RESIDENT/FELLOW NAME: **TRAINING PROGRAM:**

EMPLOYING HOSPITAL: **PGY:**

PER PROGRAM POLICY, 1 WEEK OF PAID TIME OFF =   **DAYS**

AVAILABLE DAYS OF PAID TIME OFF AS OF LOA REQUEST DATE:

Please note that paid holidays will not be applied by GME if they fall into the LOA timeframe. Instead, these days should be floated by the program to be used at a future date.

        Sick days remaining from current PGY

        Sick days unused from previous PGYs (obtain from coordinator)

        Vacation days for remainder of PGY (Including scheduled future vacation days)

PROPOSED DATES OF LOA: Are the dates: definite or   estimated

TYPE OF LEAVE REQUESTED:

        Parental, Caregiver, or Medical Leave (PCML) – Requires that the resident/fellow reserves a minimum of one week of paid sick or vacation leave. The one week of additional paid time away must occur in the same contract year, but can occur prior to the requested PCML. See policy for further details.

                Type of PCML :   Parental   Caregiver   Medical

                Type of Leave Preserved: Sick   Vacation

                Will the LOA be: Continuous   Intermittent*   Reduced Schedule*

                *If intermittent or reduced schedule, please provide more detail:

        Proposed usage of available paid time off (include # of weeks or days in space before each type)**:**

                Sick   Vacation   Unpaid (only after 6 weeks of paid time)

If not requesting PCML, please indicate the type of leave requested for the LOA below. Include the # of weeks or days being applied in the space after each type. This section would be completed for a subsequent PCML if the trainee has exhausted the initial 6 week PCML afforded during their training period. It would also be used if the trainee is not requesting a PCML, but instead is using accrued paid time off or unpaid time off for an extended absence.

        Vacation

        Sick

        Unpaid

If the specialty board allows it, will there be alternative time away from the program contiguous to the LOA that will provide elective credit? If so, please list those dates & describe:

SYMPLR (HALO): Identify <u>one</u> person who will be covering messages in case the Off Duty or Auto-Forward function is not initiated in this app at the start of leave.

Name: **Role:**

By initialing each item below and signing this request form, the resident/fellow and program director attest that they have addressed and understand each of the following:

 R/F   PD

I have reviewed the current specialty Board requirements regarding Leave of Absences and we have discussed the possible impact an extended leave of absence might have on length of training and eligibility / timing of eligibility for Board exams.

If at this time it is determined that the end date will be extended, the written notification to the trainee has been attached to this form.

I have reviewed the required rotational experiences, case volume requirements, clinical experiences, and call requirements and we have a plan in place to meet these goals upon return from the LOA.

I understand that the projected end date of training could be impacted by additional absences. If this were to occur, the trainee will be notified as soon as possible, but no later than 60 days in advance of the projected end date.

Should the reason for leave meet the eligibility under the Family and Medical Leave Act (FML), paid leave will run concurrently with FML.

Should this be a parental leave of absence that will result in the addition of a dependent, the trainee has been informed that they must contact the employing hospital's benefits department within 31 days of the birth or adoption in order to add the dependent to their benefits. Failure to contact the benefits department will prohibit changes to benefits until open enrollment occurs. Contact information included below.

Alton Memorial Hospital: 314-362-4482   **Blessing Hospital:** 217-223-1200 (ask for HR)   **Carbondale Memoria**l: 618-549-0721 ext. 64533   **Decatur Memorial Hospital & Springfield Memorial Hospital:** 1-844-225-7550   **HSHS St. John's Hospital:** 855-394-4747

Resident   **Date**   **Program Director**   **Date**

This form has been reviewed and approved by the GME Director or designee, and forwarded to the Employing Hospital. If PCML has been requested, an OGME PCML Worksheet will be completed and sent back to the program and resident for approval. Once finalized the forms will be sent to SIUSOM Human Resources if the request is for a 6-week or more PCML.

Graduate Medical Education   **Date**