**Request for Leave of Absence**

Residency training requirements are normally completed in sequence. Interruptions which require a leave of absence may be granted by the Postgraduate Dean on recommendation of the Program Director. It is anticipated that the required time lost or rotations missed must be made up with equivalent extra time in residency upon the resident’s return to the program.

In order to request a leave of absence from the program, the Resident will make the request to the Program Director for approval. Once approved send the completed form to:

**Postgraduate Medical Education Office, 2-76 ZLC**

**(Leave forms cannot be processed retroactively)**

**Date** Click here to enter a date.

**Name of Resident** Click here to enter text.

**Current Training Level** Click here to enter text.

**Training Program** Click here to enter text.

**Start Date of Leave** Click here to enter text.

**End Date of Leave** Click here to enter text.

**Type of Leave**

|  |
| --- |
|[ ]  Maternity – Article 9 – Exp Date of Delivery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Parental – Article 9 |
|[ ]  Medical Leave \* - Article 11  |
|[ ]  Compassionate - Article 11 |
|[ ]  Educational Leave – Article 10 |
|[ ]  Personal Unpaid Leave\*\* |

\* Medical Leave – PARA residents, will receive regular salary while on medical leave for 90 days (within appointment year); they are then required to apply for Long Term Disability. The resident, on return, may require a written medical letter from his/her physician indicating the resident’s capability to resume training. The Postgraduate Medical Education office normally does not need to be informed about leaves < 1 week.

\*\* **Personal Unpaid** **Leave – The resident must complete the leave form and meet with the Associate Dean prior to final approval of an unpaid leave >1 week.**

**Resident Physician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVALS (as identified in the Policy)**

**Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PG Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AHS Medical Affairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**