Medical College of Wisconsin Affiliated Hospitals, Inc.

<u>LEAVE OF ABSENCE FORM</u>

Name of resident:_____   (Print Name)

Program:_____

Type of Leave (√ one**.):**

_____The birth of a child, or placement of a child with you for adoption or foster care (Maternity\Paternity\Adoption).**

_____Your own serious health condition (as defined in the housestaff handbook)**.

_____Because you are needed to care for your ____ spouse; ____child; ____parent due to his/her serious health condition (see handbook)**.

_____Because of a qualifying exigency arising out of the fact that your ____ spouse; ____ son or daughter; ____ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves**.

_____Because you are the ____ spouse; ____ son or daughter; ____ parent; ____ next of kin of a covered servicemember with a serious injury or illness**.

_____Personal leave not meeting above definitions [Not FMLA\WFMLA Leave].

*[**Leave may qualify under the Family and Medical Leave Act (FMLA/WFMLA) if you are eligible and meet the FMLA\WFMLA definitions for these types of leaves. See the Housestaff Handbook (www.mcw.edu\gme --> Administrative Resources) for more information on FMLA and other leave policies, including eligibility requirements and leave type definitions. Additional information may be required to determine if your leave qualifies as FMLA\WFMLA leave.]*

Start Date:_____   Return Date:_____

Is advance date affected **(yes/no)**?   _____   If **yes**, new advance date: _____

Is completion date affected **(yes/no)**?_____   If **yes**, new completion date: _____
The new completion date should be based on days required to be made up to be Board eligible, which would not include additional sick/vacation time during the extension time.

How much paid sick time will be taken: _____

How much paid vacation time will be taken: _____

Does resident remain on the payroll during the LOA **(yes/no)**?:_____
    If **no**, date non-paid LOA begins: _____

Please complete the following section to determine the # of days available and utilized during the leave:

Number of Days Available
____   Sick days accumulated from *previous* years of MCWAH training (max 4 weeks)
____   Sick days from *current* year   **Number of Days Utilized (example):**
____   Sick days borrowed (max 2 weeks)   January 1 through January 15   =   15
____   Vacation days from current year   January 16 through January 20 =   5

Total Days Available: ____   # of days available
                           ____   # of days utilized

PROGRAM DIRECTOR'S SIGNATURE:_____

HOUSESTAFF'S SIGNATURE:_____