

LEAVE OF ABSENCE FORM

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: _____

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
- ____ Sick days borrowed (max 2 weeks)
- ____ Vacation days from current year

Number of Days Utilized (example):

January 1 through January 15 = 15
January 16 through January 20 = 5

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

PROGRAM DIRECTOR'S SIGNATURE: _____

HOUSESTAFF'S SIGNATURE: _____

MCWAH OFFICE:

- ____ If change in advance date, update comments in RIS (Deb)
- ____ Update Exception report (Deb)
- ____ Update completion date in RIS (Deb)
- ____ Forward copy to Judy Jankowski [ASAP upon receipt]
- ____ Notify Maria for impact on licensing eligibility (PGIs)(Deb)
- ____ Update GME tracking field (Deb) (record pd or np leave)
- ____ Give to Lori for filing, ECFMG, and updating Compumax/IRotations/notifying hospitals (when LOA complete)