

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: _____

