

## GME REQUEST FOR LEAVE OF ABSENCE



[Wellness Guide](#) [Benefits Summary](#)

All interns, residents, and fellows requesting a leave of absence, including parental/medical/caregiver, FMLA, bereavement, military, or sick leave pool, must complete this form. This form is not required for annual leave, regular sick leave, or conference leave.

Employee Name: \_\_\_\_\_ Phone#/Contact: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

On Visa?  Yes  No

I UNDERSTAND THAT MOONLIGHTING OR LOCUM TENENS ACTIVITY WHILE ON A LEAVE OF ABSENCE IS NOT ALLOWED.

### Action Requested:

New Leave of Absence  Extension of Previous Leave Request  Revision **Today's Date:** \_\_\_\_\_

### Reason for Leave Request:

Parental/Medical/Caregiver  Bereavement  Military  Sick Leave Pool (Must attach Sick Leave Pool Form)

Other (Must identify) \_\_\_\_\_

NOTE: FMLA does not entitle an employee to leave with pay. However, accrued and unused leave (such as annual or sick) may be used to provide continuation of pay and benefits during an FMLA designated leave. If no paid leave is available, employees on FMLA designated leave will be unpaid. Employees must request FMLA through the USF Division of Human Resources (<http://www.usf.edu/hr/benefits/attendanceleave/fmla.aspx>).

Applied for FMLA?  Yes  No

**Expected Leave Dates:** Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### I REQUEST LEAVE TO BE:

With pay (must identify leave type, start date and end date), using accrued leave time

Parental/Medical/Caregiver Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of days \_\_\_\_\_

Annual Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of days \_\_\_\_\_

Sick Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of days \_\_\_\_\_

Bereavement Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of days \_\_\_\_\_

Without pay Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Employee Acknowledgement

I understand and accept a leave of absence as stated above. I also understand that additional leave time could result in my training being extended, and have discussed this with my Program Director.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

**Required Signatures (listed in order in which the signatures must be obtained)**

### Program Administrator (PA) Verification and Leave Details

# of days already used this academic year: \_\_\_\_\_ Annual \_\_\_\_\_ Sick \_\_\_\_\_ Parental/Medical/Caregiver

All previous leave time has been accurately entered in the New Innovations Assignment Scheduler  Yes  No

Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: PA is responsible for accurately entering the leave documented on the form in New Innovations.**

### Program Director Approval

By signing below, I attest:

- I have reviewed the days above being requested and approve the leave of absence.
- I have reviewed ACGME and Board policies related to the leave and considered if an extension of training will/may be necessary in order to meet board eligibility requirements and have discussed it with the trainee.
- I will speak to the chair and DIO if the program needs additional resources to support trainee well-being and education to minimize impact of clinical assignments resulting from leaves of absences.

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Will this leave extend training?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Email completed form to [ptaylor@usf.edu](mailto:ptaylor@usf.edu)

**Please note that this leave is not approved until the document has been fully executed by GME**

---

### GME Approval

\_\_\_\_\_  
**DIO, Graduate Medical Education**

\_\_\_\_\_  
**Date Signed**

It is the responsibility of the Program Director/Program Administrator to notify and/or provide a copy of the approval form to the Departmental Payroll Certifier.