

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) must 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 Central Human Resources (CHR). Please review the information provided by CHR in reference to FMLA (<https://www.usf.edu/hr/benefits/attendance-leave/fmla.aspx>)

Applied for FMLA? ☐ Yes ☐ No

If you would like to request accommodations related to your condition, please visit the USF ADA website.

<https://www.usf.edu/hr/employment-resources/important-resources/ada-accommodations.aspx>

For accommodations specific to pregnancy, please visit the USF PWFA website.

<https://www.usf.edu/hr/employment-resources/important-resources/pregnancyaccommodation.aspx>

You may also contact the ADA office directly at HR-ADA-Request@usf.edu or (813) 974-5384.

Expected Leave Dates: Begin Date: _____ End Date: _____

☐ **I HAVE ACCRUED LEAVE AVAILABLE AND REQUEST MY LEAVE TO BE USED UNTIL EXHAUSTED, AS FOLLOWS:**

☐ 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 _____

If taking less than 6 weeks of leave, I acknowledge that I'm aware of the 6 week leave allowance for Employee Initial first time P/M/C leave as outlined in the leave policy, but I am choosing to take less leave time

☐ **I UNDERSTAND THAT IF I HAVE EXHAUSTED OR DO NOT HAVE ACCRUED LEAVE, I WILL BE WITHOUT PAY FOR THE FOLLOWING DATE RANGE:**

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

Has this trainee used any Parental/Medical/Caregiver leave previously? ☐ 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 understand that the program is responsible for monitoring total leave time to ensure board eligibility and will promptly notify the GME Office if accumulated leave time requires an extension of training.
- ☐ Yes ☐ No I will/have spoken to my Chair and DIO due to concerns that 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, whether yes or no, using information from board requirements:** _____

*Regardless of board leave allowance, a trainee must be considered competent to graduate by the CCC/PD, or an extension may be determined to be necessary at a later time.

Email completed form to GME-HRForms@usf.edu

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

GME Approval

Director, 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.

As a reminder, board requirements override USF MCOM GME permitted LOA with the exception of federally protected time. Board requirements vary significantly across programs. Please consult with your Program Director for the requirements related to your program.

ACGME Institutional Requirements IV.H.

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence;

USF GME Policy 215 (amount of leave per contract year)

Annual Leave – 20 days

Sick Leave – 10 days

Medical/Parental/Caregiver (M/P/C) Leave – 10 days

When possible, extended leave should be planned in such a way that the absence can be covered with the above leave allotments.

FMLA

FMLA is related to having an FMLA qualifying event and is for job protection and can be up to 12 weeks. It is not a separate leave category from above. FMLA can consist of the paid leave categories above and unpaid leave. Trainees must apply for FMLA anytime there is a qualifying event that is FMLA eligible.

<https://www.usf.edu/hr/benefits/attendance-leave/fmla.aspx>

Examples

Example 1

The Trainee wants to take 6 weeks of leave for the birth of a child. In order to meet the 6 weeks of paid leave requirement, the Trainee will utilize a combination of the above leave categories.

2 weeks (10 weekdays)	M/P/C Leave	10 days
4 weeks (20 weekdays)	Sick & Annual Leave *	20 days
Total		30 weekdays (6 weeks)
Leave time remaining		10 days Annual &/or Sick Leave

* The 4 weeks can be any combination of annual leave and sick leave time.

In the example above, the Trainee is able to take off 6 weeks for the birth and still have 2 weeks (10 weekdays) of leave time from unused sick and annual leave remaining to use outside this leave request.

Example 2

The Trainee has already used 10 days of annual leave and 5 days of sick leave. In April, the trainee experiences an unexpected medical or caregiver event and wants to take 6 weeks of leave. In order to meet the 6 weeks of paid leave ACGME requirement, the Trainee will utilize a combination of the above leave categories.

Previously used leave	Annual and Sick (combined)	15 days total (out of 30 days total available)
Current Medical or Caregiver Leave Event		
2 weeks (10 weekdays)	M/P/C Leave	10 days
3 weeks (15 weekdays)	Sick & Annual Leave	15 days (remaining balance)
1 week (5 weekdays)	Additional paid days to meet ACGME requirement*	5 days
Total		30 weekdays (6 weeks)

* Only available for first-time medical/parental/caregiver leave event related to ACGME requirement

FAQs

The GME Leave Policy provides 20 days of annual leave, 10 days of sick leave, and 10 days of M/P/C leave. Do I have to use these days as part of an approved six (6) weeks of leave?

Answer: Yes, any available paid leave balances will be used concurrently with the approved six (6) weeks of leave.

I do not have six (6) weeks of annual leave, sick leave, and M/P/C leave available? Am I still eligible?

Answer: Yes, when the leave falls under the ACGME requirement for a qualifying event when it is the first-approved leave for a medical, parental, or caregiver event.

Where can I get additional assistance?

Answer: First, please discuss with your Program Director and Program administrator. It is important to discuss any leave of absence well in advance with your Program Director to understand any impacts on your training. If you have additional questions, please contact [Patti Taylor](#) or [Hannah Ware](#) in the USF GME Office.