

Graduate Medical Education Intern/Resident/Fellow Request for Leave of Absence

All interns, residents, and clinical fellows requesting a leave of absence for illness, including maternity, educational, or personal leave, must complete this form. This form is not required for vacation/annual leave, regular sick leave, or any administrative leave routinely granted at the discretion of individual programs.

Intern/Resident/Fellow Name (Please Print) _____		Trainee Phone #/Contact Info while on leave _____			
Program Name _____					
<input type="checkbox"/> I UNDERSTAND THAT MOONLIGHTING OR LOCUM TENENS ACTIVITY WHILE ON A LEAVE OF ABSENCE IS NOT ALLOWED. _____ Initial to confirm					
Leave Details					
How many days of below leave have already been used this academic year?					
_____ Annual leave (vacation)				_____ Sick leave	
Type of Leave Requested	Start Date	End Date	Dates assigned as Paid	Dates assigned as Unpaid	Total # of Days Requested
FMLA*					
Maternity/Paternity (you are encouraged to apply for FMLA; email fmla@usf.edu)					
Bereavement					
Military Leave					
Sick Leave Pool ** (attach Extended Leave Form)					
Other (Identify)					
<p>* 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) and attach HR approval to this Request for Leave of Absence form.</p>					
Intern/Resident/Fellow Signature _____				Date _____	
Education Coordinator Verification					
Education Coordinator Signature _____				Date _____	
Approvals					
Program Director _____				Date _____	
DIO, Office of Graduate Medical Education _____				Date _____	

I understand that additional leave time could result in my training being extended and have discussed this with my program director.
____ (initial)

Deliver, mail, or fax form to: Graduate Medical Education – USF Health, 17 Davis Blvd., Ste. 308 | Tampa, FL 33606 | Fax: (813) 250-2507
or email to: ptaylor@usf.edu