

Leave Request, Authorization and Notification

Resident Name: _____ Program: _____

Rotation at time of leave: _____ Date submitted: _____

Clinical supervisor at time of leave: _____

Dates requested: from _____ to _____

Total number of working days requested: _____

Reason for leave:

(Check appropriate box and see back of page for documentation required)

- Vacation
- Education leave
- Program-mandated educational activities
- Examination leave
- Sick leave
- Compassionate leave
- Parental leave
- Family or Personal Responsibility leave
- Moving Day
- Other: _____ (contact the Postgraduate office before submitting request)
- Carry-over Days: _____

If your absence occurs during a time when you have call, clinical or educational obligations already scheduled, specify what arrangements you have made.

Call schedule changes: _____

Rescheduled educational activities: _____

Authorization / Notification

Clinical supervisor (for the leave period) _____ Date: _____

Call schedule coordinator (for the leave period) _____ Date: _____

Parent Program Director _____ Date: _____

Please complete the following in order to provide all information required for approval for your leave request. If additional documentation is required, please staple it to your leave request form.

Vacation leave (Collective Agreement article 12.0)

- How many vacation days have you used already in this academic year? _____
- Is this Seasonal slowdown leave Yes No (see article 11.7)

Education leave (article 13.4)

- Attach a copy of your completed registration form.
- How many education days have you used already in this academic year? _____

Program mandated educational activities

This includes mandatory **local** activities which all residents in program attend: Research days, Retreats, MD Management etc. Must be certified as mandated by Program Director.

- Name of educational activity: _____

I certify that this is a mandated educational activity. _____
(Program Director)

Examination leave (article 13.5)

- Name of exam: _____ Actual dates of exam: _____
- Location of exam: _____

Sick leave (article 13.1)

- If you are away sick for more than two days, please attach a doctor's note.

Compassionate leave (see article 13.2 for criteria; explain how your request meets the criteria listed in article 13.2)

Parental leave (article 13.3.1)

- Written notice required at least four weeks prior to anticipated start date of leave.
- Follow up with actual date of birth to the Postgraduate Medical Education office.

Family or Personal Responsibility leave (article 13.8; explain how your request meets the criteria)

Moving Day (article 13.7)

- Dates of scheduled rotation: _____ to _____
- Moved from: _____ to _____

Other (explain): _____
