

Request for Leave of Absence

A leave of absence is a approved interruption of training for any reason, and includes: Maternity/Adoption/Parental leave, Sick/Medical leave, Personal leave, Educational leave, and others at the discretion of the Program Director. The Request for Leave of Absence must be submitted to the Residency Program Director for approval.
Proper documentation is required for every type of leave.

Only leaves longer than five days in duration must be reported to the PGME Office for final review and processing.

Submit this form (Sections A and B filled out) to:

- Reola Mathieu, reola.mathieu@usask.ca, Room 413, St. Andrew's College, Ph: 306-966-5557

A) PERSONAL INFORMATION AND LEAVE REQUEST

LAST NAME	FIRST NAME
Residency Training Program:	
Current Level of Training:	
Start Date of Leave:	Expected Date of Return:
Original Leave Start Date (if requiring extension):	
Reason for Leave:	Comment/Rationale:
<input type="checkbox"/> Maternity/Adoption/Parental <input type="checkbox"/> Sick days <input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Other at the discretion of the Program <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Contact while on Leave (phone/email):
Leave Requested by:	Maintaining Benefits while on Leave:
<input type="checkbox"/> Resident <input type="checkbox"/> Program	<input type="checkbox"/> Yes <input type="checkbox"/> No

B) PROGRAM APPROVAL

Program Director's Name:

Signature

Date

New End of Training Year Date:

Reappointment Date to the Next Level of Training:

First Day Off Pay (if different than the start of leave date):

Documentation provided:

Referral Required (if yes, please provide details):

C) PGME OFFICE USE ONLY

Associate Dean Approval

Comments/Modifications: