Resident Leave of Absence Request Form

A leave of absence is an approved interruption of training for any reason. This includes Maternity/Adoption/ Parental leave, Sick/Medical leave, Personal leave, Educational leave, and others at the discretion of the Program Director. To request a leave of absence, or an extension of a previously approved leave from residency training, please prepare proper documentation and submit this form to:

- the Residency Program Director for approval; and
- the PGME Office for final review and processing (for leaves longer than five days).

Whenever possible, requests should be submitted with proper advance notice to avoid interruption or issues with compensation and benefits (e.g., 4 weeks prior to the planned start of maternity leave).

Section One: Resident Information

Name:			
Program:		**Training Year:**	
Contact Information During Leave:			
Email:		**Phone Number:**	

Section Two: Leave Information

Start Date of Leave:	
Expected Date of Return:	
Original Start Date: (if requesting extension)	
Leave Type:	What is the nature of the leave? (Check all that apply) ☐ At the discretion of the program ☐ Sick Days (more than 5) ☐ Compassionate Leave ☐ Medical Leave ☐ Education Leave ☐ Moving Leave ☐ Examination Leave ☐ Personal / Family Leave ☐ Maternity / Adoption / Parental ☐ <mark>Other</mark> (i.e. Jury Duty) Please include a brief explanation, required if selecting multiple leaves: Check all that apply: ☐ Paid Leave ☐ Unpaid Leave ☐ Paid Top Up followed by Unpaid Leave Please include a brief explanation, required if selecting multiple leaves:

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Section Three: Benefit Coverage Information

Only complete this section if *any portion* of the leave of absence is **unpaid**. You may change your benefit selection at any point in time *prior to the start date* of your unpaid leave. Once your unpaid leave begins, the decision you made is *final* and cannot change, including if you extend your leave or take a subsequent leave without returning to work first.

For detailed information about specific benefits, review: what are the implications of waiving my benefits?

First day off pay:	
Benefits Coverage	Please check the benefits you wish to maintain while on your unpaid leave of absence. If you choose to maintain benefits and assume the premiums, please fill out the Pre-authorized Debit Agreement attached to this form. Premiums will be assumed for the entirety of the unpaid leave of absence. You will receive a letter from ConnectionPoint containing benefit costs and payment information. If you have questions relating to life and disability insurance premiums and/or coverage, please contact SMA at insurance@sma.sk.ca. **University of Saskatchewan Benefit Election:** The benefit cost will be deducted from your bank account on the first of each month via pre-authorized debit (PAD) agreement. Note: Health and/or dental benefits waived while on leave will automatically be reinstated upon return to work ☐ Dental ☐ Extended Health **SMA Benefit Election:** Note: Life and/ or disability benefits not maintained while on an unpaid leave will be terminated and not automatically reinstated upon return to work. Residents will have to reapply for life and/or disability benefits upon return to work. ☐ Life Insurance ☐ Disability Insurance ☐ I choose **not** to maintain life and disability benefits for the duration of the unpaid portion of my leave. I understand that I will have to reapply for both benefits if I wish to have coverage again with the possibility of my application being denied.

Resident Signature:		**Date:**	

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Section Four: Program Comments and Approval

Last Day of Work:			
New end of training year date:			
Referral to the PGME Resident Resource Office: **(if yes, please provide details):**			
Documentation Provided:			
Comments:			
Program Director:			
Signature:		**Date:**	

Please send all documents and required information to:

Joanna Winichuk
PGME Office, College of Medicine, University of Saskatchewan
Room 3A10.5, Health Sciences Building
107 Wiggins Road, Saskatoon, SK S7N 5E5
Phone: 306-966-5557 Fax: 306-966-5224   Email: joanna.winichuk@usask.ca

Pre-Authorized Debit (PAD) Agreement

Employee ID		**Date:**	
Last Name:		**First Name:**	
Department:		**PAD Category:**	

I hereby authorize University of Saskatchewan to debit my bank account on the first business day of the month for the duration of my unpaid leave of absence as per the terms outlined below and pursuant to the account information contained on file with the payroll department or on the attached void cheque. I understand that these payments will serve to extend existing benefits as per my employment contract for the duration of my unpaid leave.

Notwithstanding this authorization, I understand that the following terms apply:

1) I waive my right to receive pre-notification of commencement of the debits to my accounts as long as they are in compliance with the information I have indicated above.
2) I waive my right to receive pre-notification of changes to the PAD amount in the event that there is a reduction in the PAD amount. The University of Saskatchewan will provide 10 days written notice to your USASK email if there is an increase to the amount of the PAD. This may include general communications to the campus when annual rate changes occur.
3) I understand that I am responsible for the cost of the benefits I selected to continue for the duration of my leave. The decisions made to continue or discontinue my pension and other benefits are final and cannot be changed, including if I extend my leave or take a new leave without returning to work first.
4) I may cancel my authorization at any time, subject to providing 10 days' notice in writing to connectionpoint@usask.ca. To obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca. I must provide an alternate form of payment with my cancellation. I understand that not providing an alternative may impact my benefits and any outstanding amounts will be deducted from my paycheque upon my return to work.
5) I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit payments.ca.

Monthly payments can be taken from the payroll bank account on file. If you would like the funds to come from a different account, you must attach a VOID cheque.

Please select one of the following:　　　☐ Use bank account on file　　　☐ Use attached bank information

_____　　　　　_____
　Employee's Signature　　　　　　　　　　　**Date**

This form must be attached to your completed leave of absence form. When applying for a leave of absence, both forms are submitted to ConnectionPoint by your department for processing. Questions? Please contact ConnectionPoint at 306-966-2000 for assistance.

FOR OFFICE USE ONLY					
Bank ID:		Branch ID:		Account Number:	
Date received:		Received By:		Entered in RBC Express:	