

**LEAVE OF ABSENCE FORM**

Name of resident: \_\_\_\_\_ (Print Name)

Program: \_\_\_\_\_

Type of Leave ( one.):

- \_\_\_ The birth of a child, or placement of a child with you for adoption or foster care (Maternity\Paternity\Adoption).\*\*
- \_\_\_ Your own serious health condition (as defined in the housestaff handbook).\*\*
- \_\_\_ Because you are needed to care for your \_\_\_ spouse; \_\_\_ child; \_\_\_ parent due to his/her serious health condition (see handbook).\*\*
- \_\_\_ Because of a qualifying exigency arising out of the fact that your \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves\*\*.
- \_\_\_ Because you are the \_\_\_ spouse; \_\_\_ son or daughter; \_\_\_ parent; \_\_\_ next of kin of a covered servicemember with a serious injury or illness\*\*.
- \_\_\_ Personal leave not meeting above definitions [Not FMLA\WFMLA Leave].

*[\*\*Leave may qualify under the Family and Medical Leave Act (FMLA\WFMLA) if you are eligible and meet the FMLA\WFMLA definitions for these types of leaves. See the Housestaff Handbook ([www.mcw.edu/gme](http://www.mcw.edu/gme) --> Administrative Resources) for more information on FMLA and other leave policies, including eligibility requirements and leave type definitions. Additional information may be required to determine if your leave qualifies as FMLA\WFMLA leave.]*

Start Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Is advance date affected (yes/no)? \_\_\_\_\_ If yes, new advance date: \_\_\_\_\_

Is completion date affected (yes/no)? \_\_\_\_\_ If yes, new completion date: \_\_\_\_\_

How much paid sick time will be taken: \_\_\_\_\_

How much paid vacation time will be taken: \_\_\_\_\_

Does resident remain on the payroll during the LOA (yes/no)?: \_\_\_\_\_  
If no, date non-paid LOA begins: \_\_\_\_\_

Please complete the following section to determine the # of days available and utilized during the leave:

**Number of Days Available**

- \_\_\_ Sick days accumulated from *previous* years of MCWAH training (max 4 weeks)
- \_\_\_ Sick days from *current* year
- \_\_\_ Sick days borrowed (max 2 weeks)
- \_\_\_ Vacation days from current year

**Number of Days Utilized (example):**

January 1 through January 15 = 15  
January 16 through January 20 = 5

**Total Days Available:**     \_\_\_ # of days available  
                                  \_\_\_ # of days utilized

**PROGRAM DIRECTOR'S SIGNATURE:** \_\_\_\_\_

**HOUSESTAFF'S SIGNATURE:** \_\_\_\_\_

