

**GME Medical/Parental/Caregiver Leave Request Form**

**Section 1: Employee Information**

Resident/Fellow Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_

Program Name: \_\_\_\_\_ PGY Level: \_\_\_\_\_

Resident/Fellow Email Address: \_\_\_\_\_ Resident/Fellow Phone: \_\_\_\_\_

**Section 2: Leave Information**

Type of Leave: Medical  Parental  Caregiver

Requested Medical/Parental/Caregiver Leave Dates:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Weeks: \_\_\_\_\_

Are you taking additional annual and/or sick leave? Yes/No  
If so, please indicate what type and the dates:

Type \_\_\_\_\_ Dates \_\_\_\_\_

Type \_\_\_\_\_ Dates \_\_\_\_\_

Hospital Rotation Location(s) During Leave: \_\_\_\_\_

I understand that in the case of an unexpected start date I should notify my Program Manager, Program Director, and Chief Resident (if applicable) as soon as possible.

**Section 3: Program and Training Responsibilities**

Resident/Fellow Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Director

Potential training extension due to ACGME or ABMS requirements have been discussed.

\_\_\_\_\_  
Program Director initials Resident/Fellow initials

**For Office Use Only:**

This form should be turned into your Program Coordinator as soon as the Program Director has approved the leave. The Program Coordinator is responsible for notifying GME of the approved leave as soon as this form is received.

Coordinator Task (Required):

Enter dates into New Innovations with duty type "Leave – Parental/Caregiver" marked.

Scan form to GME at [gme@uthsc.edu](mailto:gme@uthsc.edu).