

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: _____

Are you taking additional annual and/or sick leave? If so, please indicate what type and the dates:

I understand that in the case of an unexpected start date I should notify my Program Coordinator, 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.