



Request for Leave of Absence

Postgraduate Medical Education

In order to request a leave of absence from the program, the trainee should complete this form and submit it to his/her Program Director for approval. The PGME office normally does not need to be informed of leaves that are less than one week in duration.

Name of Resident/Fellow _____

Current Training Level _____

Training Program _____

Start Date of Leave _____

Return Date from Leave* _____

**If on pregnancy or parental leave, any accrued vacation shall be taken immediately after the leave expires, or at such later date if agreed to between the resident and the program director.*

Ensure that you read the preceding pages **"Information on Leaves of Absence"** for important information regarding your leave & detailed information on **Pregnancy, Parental Leave & Parental Benefits**.

Category of Leave	
<input type="checkbox"/>	<p>Medical</p> <p>⇒ Doctor's Note: Normally, a doctor's note is not required for leaves less than two weeks in duration. If there are recurrent leaves, the Program Director/PGME Office may require a doctor's note. You will be required to supply a doctor's note indicating that you are fit to resume training after leaves > two weeks.</p>
Leaves Without Pay:	
<input type="checkbox"/> OR <input type="checkbox"/>	<ul style="list-style-type: none"> • Personal Leave ⇒ Remember to arrange prepayment of benefits. • Compassionate Leave ⇒ Remember to arrange prepayment of benefits. ⇒ See http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml#Definition for information on Compassionate Care Benefits
<input type="checkbox"/>	<p>Leave with Pay</p> <p>⇒ Special circumstance PGME approval required.</p>
<input type="checkbox"/>	<p>Pregnancy ⇒ up to 17 weeks ⇒ Birth mother or surrogate mother only</p>
AND/OR <input type="checkbox"/>	<p>Parental ⇒ up to 35 weeks 37 weeks if pregnancy leave ⇒ All new parents (as defined by not taken (i.e. adoptive parents, fathers or non-birth mothers) Employment Standards act)</p>

Trainee Signature

Date

Program Director Signature

Date

Submit form to: Postgraduate Medical Education Office,
Attention Jan Losier, losier@mcmaster.ca, MDCL-3101a Fax: 905-527-2707

For Office Use Only	<input type="checkbox"/> Entered in McPost	<input type="checkbox"/> Added to monthly lists	<input type="checkbox"/> LOA if required
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