

**GRADUATE MEDICAL EDUCATION**

**MEDICAL/PARENTAL/CAREGIVER LEAVE REQUEST FORM**

**For Office Use Only:**

**Section 2: Leave Details**

**Section 3: Program and Training Responsibilities**

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

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

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

Type of Leave: Medical Parental Caregiver

Requested Leave Dates:

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

Please indicate the balance of your accrued leave as provided by your Program Coordinator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*I understand that in the case of an unexpected change in my start and/or end date I should notify my Program Director, Program Coordinator, and Chief Resident (if applicable) as soon as possible.

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

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Program Director initials Resident/Fellow initials

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 the form is received. FMLA paperwork should be completed and attached (if applicable).

The Program Coordinator must enter dates and leave type into New Innovations while the resident/fellow is on approved leave. Sick leave must be used first, then annual. If leave is exhausted please log FMLA.

Scan or email form to GME to Renee McNeely, [mcneely@etsu.edu](mailto:mcneely@etsu.edu)

**Section 1: Employee Information**