MUSC Office of Graduate Medical Education

Leave of Absence Approval Form
2019-2020

Form to be completed by the Program Coordinator, Program Director, or other department representative

Resident name: __________________________________________________

Program: _______________________________________________________

Reason for the Leave of Absence (LOA):

☐ Maternity leave
☐ Paternity leave
☐ Medical leave – self (attach physician certification form)
☐ Medical leave – immediate family member (attached physician certification form)
☐ Military leave (attach copy of official orders)
☐ Other: _____________________

Leave start date: ________________ Leave end date: ________________

Total number of days on LOA (M-F): __________
Previously used sick leave days (M-F): __________
Previously used annual leave days (M-F): __________

Number of make-up days required (M-F): __________

Is resident on a visa? Yes No

FMLA Eligibility (selection required):

☐ Condition does not qualify
☐ Employee does not qualify
☐ Employee is eligible
  ☐ Verbal notification given
  ☐ Written notification given
  ▪ Start date of FMLA coverage: ________________
  ▪ End date of FMLA coverage: ________________

Resident signature: __________________________ Date: ______________

Program Director signature: __________________ Date: ______________

Note: This form must be completed and received in the GME Office at least 30 days prior to the expected start date.

GME use only:
Confirmed actual start date of leave: ___________________________ End date: ___________________________
Last paid day: ___________________________ Date return from LOA: ___________________________
PEAR submitted: ___________________________ PEAR approved: ___________________________

Date received in GME Office: ______________