

MUSC Office of Graduate Medical Education  
**Extended Leave/Leave of Absence Approval Form**

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

Resident name: \_\_\_\_\_

Program: \_\_\_\_\_

**Reason for the Leave of Absence (LOA):**

- Parental leave
- Medical leave - self
- Caregiver leave
- 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): \_\_\_\_\_

Has the resident previously utilized PCM leave during the training program?

Yes (dates: \_\_\_\_\_) No

Is resident on a visa? Yes No

I have reviewed the Family and Medical Leave Act (FMLA) information located on the MUSC University website (link below): Yes No

**[Family and Medical Leave Act \(FMLA\) Link](#)**

Click 'How to Proceed' to complete online paperwork



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.**