

MUSC Office of Graduate Medical Education
Leave of Absence Approval Form
2018-2019

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: _____