

MUSC OFFICE OF GRADUATE MEDICAL EDUCATION

LEAVE OF ABSENCE APPROVAL FORM
2009-2010

Resident: _____

Program: _____

PLEASE CHECK THE REASON FOR THE LEAVE OF ABSENCE

_____ **MATERNITY LEAVE*** Birth ___ or Adoption ___

_____ **PATERNITY LEAVE*** Birth ___ or Adoption ___

_____ **MEDICAL LEAVE*** Self ___ or Family Member _____

_____ **MILITARY LEAVE****

_____ **OTHER:** _____

(* You must attach proper documentation in accordance with FMLA)

(** You must attach your "orders")

Start Date of Leave: _____ **End Date of Leave:** _____

Total number of days on LOA (M-F): _____

Previously Used Sick Leave Days (M-F): _____

Previously Used Annual Leave Days (M-F): _____

Scheduled "Make-Up" Time (if required): _____ **to** _____

Resident's Signature

Date

Program Director's Signature

Date

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

Date Received in the GME Office: _____