**Request for Leave of Absence**

Residency training requirements are normally completed in sequence. Interruptions which require a leave of absence may be granted by the Postgraduate Dean on recommendation of the Program Director. It is anticipated that the required time lost or rotations missed must be made up with equivalent extra time in residency upon the Resident Physician’s return to the program.

In order to request a leave of absence from the program, the Resident Physician will make the request to the Program Director for approval. Once approved send the completed form to: **pgres@ualberta.ca****, Postgraduate Medical Education Office, 2-76 ZLC**

**(Leave forms cannot be processed retroactively)**

**Date** Click here to enter a date.

**Resident Physician Name** Click here to enter text.

**Current Training Level** Click here to enter text.

**Training Program** Click here to enter text.

**Start Date of Leave** (inclusive) Click here to enter text.

**End Date of Leave** (inclusive) Click here to enter text.

**Type of Leave**

|  |
| --- |
|[ ]  Maternity Leave - Article 11 - Exp Date of Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Parental Leave - Article 11 |
|[ ]  Medical Leave \* - Article 17  |
|[ ]  Compassionate Leave - Article 15 |
|[ ]  Bereavement Leave - Article 16 |
|[ ]  Educational Leave - Article 12 |
| ☐ | Exam Leave - Article 13 |
|[ ]  Personal Unpaid Leave\*\* - Article 18 |

\* Medical Leave – PARA Resident Physicians will receive regular salary while on medical leave for 90 days (within appointment year); they are then required to apply for Long Term Disability. The Resident Physician, on return, may require a written medical letter from his/her physician indicating their capability to resume training.

The Postgraduate Medical Education office normally does not need to be informed about leaves < 1 week.

\*\* **Personal Unpaid** **Leave – The Resident Physician must complete the leave form and meet with the Associate Dean prior to final approval of an unpaid leave >1 week.**

**Resident Physician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVALS (as identified in the Policy)**

**Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PG Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AHS Medical Affairs Sent to AHS via email on: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**