

GME Supplemental Leave Request Form

Section 1: Employee Information

Resident/Fellow Name: _____ Personnel #: _____
 Program Name: _____ PGY Level: _____
 Resident/Fellow Email Address: _____ Resident/Fellow Phone: _____

Section 2: Leave Information

Type of Leave: Medical Parental Caregiver

Requested Medical/Parental/Caregiver Leave Dates:

Start Date: _____ End Date: _____ Weeks: _____

NOTE: If you must start this leave earlier than expected you must notify the Program Director, Program Manager and Chief Resident, (if applicable), as soon as possible.

Are you taking additional annual and/or sick leave? Yes No

If yes, please indicate what type and the dates:

Type: _____ Dates: _____

Type: _____ Dates: _____

Hospital Rotation Location(s) during leave: _____

Section 3: Program and Training Responsibilities

I certify that the above information is true and correct. I understand that leave will not be approved unless the Medical Certification form is completed by a competent healthcare provider and timely submitted to GME. I further understand that this application is governed by the Professionalism Policy, GME Policy #125 and any misrepresentation or misuse of this time off may result in academic action due to unprofessional conduct and may be reported to future programs as an "unsatisfactory" for professionalism on the Summative Evaluation:

Resident Signature: _____ Approved by: _____
Program Director

Potential training extension due to ACGME or ABMS requirements have been discussed. _____
PD Initials Resident initials

NOTE: The Program Manager/Coordinator must notify GME immediately upon receipt of Program Director's approval.

For GME Office Use Only:

Supplemental Leave Certification Form received: Yes No

GME Approval: Approved Denied _____
GME Office Signature

DIO Approval if required: _____

Coordinator Task (Required): When GME approves the leave, enter dates into New Innovations with duty type "Leave-Parental/Caregiver" marked. Scan form to GME at gme@uthsc.edu.