

MUSC OFFICE OF GRADUATE MEDICAL EDUCATION

**LEAVE OF ABSENCE APPROVAL FORM**

2008-2009

**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:** \_\_\_\_\_