

## 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

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.