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| **Resident/Fellow Leave Request Form** | |
| *Text  Description automatically generated with medium confidenceThe purpose of this form is to initiate a REQUEST for a leave of absence. The form should be completed by the Program Director or Designee and submitted to the Graduate Medical Education (GME) Office. Once the GME Office has reviewed it, GME will submit it to the Office of Human Resources/Leave Administration for consideration. A copy of this form MUST be provided to the trainee requesting leave.* | |
| **General Information:**   * Leave requests should be made 30-45 days before the anticipated start of the absence for those that are foreseeable and as soon as possible for unforeseeable absence. Refer to [BCM GME Policy 27.3.5.](https://intranet.bcm.edu/policies/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=27.3.5) * Time for leave is based on a seven-day workweek; weekends are not skipped when documenting the use of paid time off during a leave of absence. * Do not ask the trainee for a doctor’s note to substantiate the need for leave. Instead, Leave Administration uses standardized forms, which are sent directly to the trainee once eligibility is confirmed. * Response time is between 3-10 business days, and correspondence will be sent via email or U.S. mail to the current home mailing address depending on the timing. | |
| **STOP:** If a trainee who is on a TMB training permit has been or will be absent from the program for more than 21 consecutive days (excluding vacation, military, or family leave not related to the participant’s medical condition), the program director shall report this leave in writing to the executive director of the Texas Medical Board within thirty (30) days of the director's knowledge of the leave. | |
| **PART A: LEAVE REQUEST INFORMATION** | |
| Name of Program Director/designee completing this form: |  |
| Name of trainee: |  |
| BCM ID: |  |
| GME Program: |  |
| Physical address of trainee during leave: |  |
| Contact number for trainee: |  |
| Alternate contact number for trainee: |  |
| Classification of trainee: | Resident  Fellow |
| Reason for leave:  *e.g., having surgery, having a baby, spouse is having surgery, etc.)* |  |
| If the reason for the leave is related to a family member, please provide the name and relationship: |  |
| Unused paid time off available and requesting to use for the leave **(if you are requesting the one-off amount of additional sick days here, please also complete Part B below)**: | *Note: Although reserving vacation time is not mandatory, the one-time 14 additional sick days off has been provided in the spirit of the ABMS policy to not exhaust all vacation time off during an extended leave of absence.*   |  |  |  |  | | --- | --- | --- | --- | |  | Baylor Benefit Days | Benefit days used before LOA | Days requested for this LOA | | Vacation | 21 | Enter days | Enter days | | PTO | 9 | Enter days | Enter days | | Sick | 14 | Enter days | Enter days | | Additional Sick\* | 14 | N/A | Enter days | | Unpaid |  | N/A | Enter days | |
| Estimated last day of work before leave: | Click or tap to enter a date. |
| Anticipated date of return: | Click or tap to enter a date. |
| Is the trainee in the U.S. on a visa? *If yes, the trainee must check in with the H.R. – International Services Office* | Yes  No |
| **PART B: SPECIAL EXCEPTION: REQUEST FOR RESERVE OF NON-VESTED TIME OFF:** | |
| *Consistent with the American Board of Medical Specialties (ABMS), trainees may take up to six weeks away from training for purposes of parental, caregiver, or medical leave ONE TIME during their program (only for programs two years or longer in duration) without exhausting all Non-Vested Time-Off.* | |
| The trainee is requesting to use the special exception (a one-off amount of up to 14 additional sick days) for this leave: | Yes  No (Proceed to Part C of the form) |
| I certify ALL of the following: | This special exception has not been previously utilized by this trainee while in the current training program.  The training program is two or more years in duration to qualify for this special exception.  I have referenced the applicable Member Board requirements regarding competency and length of training and have discussed the implications of this additional time away with the trainee.  I have explained to the trainee that all other days off will be unpaid if they choose to exhaust all paid time off. |
| **PART C: ELECTRONIC SIGNATURE:** | |
| Program Director/designee signature and date: | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Click or tap to enter a date. |