Alberta Health Services

UNIVERSITY OF CALGARY

RESIDENT PHYSICIAN LEAVE OF ABSENCE FORM

Please refer to the Resident Physician Agreement for provisions regarding the types of leave and entitlements from a service and pay perspective and PGME policies for the impact on training and expectations for attendance. Completed forms must be reviewed by the Residency Training Program and uploaded to the PGME SharePoint with supporting documentation (where applicable)*; if forms have not been submitted 4 weeks in advance, please also email pgme@ucalgary.ca and CAL.MedicalEducationOffice@ahs.ca.*

- Resident Physicians are responsible for notifying all programs and persons impacted by their absences (e.g. preceptors, off-service rotations, and extender programs).
- This form is intended for reporting absences that could impact pay and benefits or are subject to additional approval. Wherever possible, Resident Physicians should make efforts to makeup time for short term absences (e.g. medical appointments). The following short term absences are to be reported to and tracked by the Resident Physician's home Residency Training Program and are not submitted on this Form to the PGME and MEO: Vacation, Exam and Study Leave, short term Sick Leave (<5 days), short term Educational Leave (conferences and education linked to the training; 14 days or less), Personal Days, Special Leave, Winter Break (or Alternate Religious Holiday), and PARA Business (PARA Assembly delegates and PARA Executive Board members).
- Extended sick leave (5 days or more) may require additional documentation. Prior to exhausting the paid sick entitlement (90 days with in the Appointment Year), Resident Physicians should contact PARA to apply for the Long Term Disability benefit. Prior to returning, Resident Physicians should identify any functional limitations for assessment and accommodation, as well, an FTE Adjustment Form (completed by the Program) will be required to request part-time training.
- A separate form is required when reporting/requesting different types of leave with consecutive dates or when extending, changing, or returning early from leave.
- **Resident Physicians must monitor their AHS email for correspondence regarding pay and benefits.**

Date Submitted: ☐

Last Name: ☐ First Name: ☐

Residency TrainingProgram: ☐

AHS ID: ☐ UCID: ☐ PGY Level: ☐ CBD: ☐

New Request ☐ Extension ☐ Change in Type of Leave ☐ Early Return ☐

Start Date of Leave (Inclusive): ☐

End Date of Leave (Inclusive): ☐

Indicate Type of Leave:

	Paid	Unpaid	
Non-Discretionary Leaves:	☐	☐	Sick Leave (First 90 days within Appointment year may be paid)
			Total Days Paid Sick Leave This Appointment Year (prior to this leave): ☐
		☐	Maternity Leave (inclusive of 17 weeks maternity and parental leave, not to exceed 78 weeks)
			Estimated Delivery /Adoption Date: ☐
	☐	☐	Parental Leave (First 2 weeks may be paid; not to exceed 62 weeks)
Discretionary Leaves:	☐	☐	Administrative Leave (Initiated by Program, UofC, or AHS)
	☐	☐	Bereavement Leave (First 5 days may be paid; extension of up to 5 days subject to Associate Dean approval)
	☐	☐	Compassionate Leave (First 5 days may be paid; extension of up to 5 days subject to Associate Dean approval)
		☐	Educational Leave, Unpaid Long Term (non-program required course; >14 days)
		☐	Unpaid General Leave (Requested by Resident Physician)

Comments / Rationale:

Promotion and Completion Date Adjustments:

Next Promotion to PGY ☐ Adjusted to: ☐ Adjusted Completion Date: ☐

Approval of Leave:

Program Director Approval	Date Approved
Postgraduate Dean Approval	Date Approved

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