

HOUSESTAFF LEAVE REQUEST

(Complete form in its entirety)

Name: [Please Print] _____
Last First Middle Name

Address: _____
Street Address/Apartment/Unit # City State Zip

Home #: _____ Work #: _____ Pager #: _____

Email: _____ @mcvh-vcu.edu

Title: Medical Resident Fellow Program: _____

PGY Level: _____ Employee #: _____ SSN: _____ DOB: _____

Physician's Name: _____ Physician #: _____

Physician's Address: _____
Street Address/Apartment/Unit # City State Zip

Program Coordinator: _____ E-Mail Address: _____

****Entered Into New Innovations:** Personnel Data Scheduling Block

Reason for leave: (MCVH/Policy #: 135357 & 135358) – Unum: (866) 786-9321 / www.unum.com

Is this a revision of your original leave request?

- Yes **and** the number of days **did** change from my original request (see revision dates below).
- Yes **and** the number of days **did not** change from my original request.
- No

Maternity/Due Date: _____ Military (provide copy of orders) FMLA Other: _____ # of Days _____

Dates requested from: _____ through: _____

Sick leave from: _____ through: _____ # of Days _____

Annual leave from: _____ through: _____ # of Days _____

Short-Term Disability from: _____ through: _____ # of Days _____

Leave without pay from: _____ through: _____ # of Days _____

Last day worked: _____ First day absent from work: _____

Return to work date: _____ Est. date of promotion or graduation: _____

Resident/Fellow Signature **Date**

Is make up time required? No Yes, # of days required? From: _____ through: _____

Approved: No Yes

Program Director **Date** **E-Mail Address**

Note: Program Coordinator, please make sure information is entered in the Housestaff's block schedule [New Innovations]
If the make-up period indicated above is greater than six weeks, funding for the time in excess of six weeks must be approved by the GMEC Executive Committee:

Approved: No Yes

Executive Committee **Date**