

HOUSESTAFF LEAVE REQUEST

[Complete form in its entirety]

Name: [Please Print] _____ DOB: _____
Last First MI

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

Home #: _____ Cell #: _____ Email: _____ @mcvh-vcu.edu

Program: _____ Employee #: _____ (6 digits)

Physician's Name (Print): _____

Physician Fax #: _____ Physician Phone #: _____

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

Is this a revision of your original leave request?

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

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

Dates requested from: _____ through: _____

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

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

[Short-Term Disability must begin on day 15 of your disability]

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

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

Est. 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

Name of Program Director [Print] **Signature of Program Director** **Date** **E-Mail**

Name of Program Coordinator: _____ **E-Mail:** _____

Program Coordinator To Do: Entered leave in New Innovations: Block Scheduling & Personnel Data/Public Notes

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**