

**ECU Health Medical Center**  
**GME Request for Leave of Absence**

*Please review the GME Leave Policy (available on the [Graduate Medical Education Contract page](#)) prior to completing this form. Requests for Leave are due 30 days before the anticipated start date of the leave.*

Resident/Fellow Name: \_\_\_\_\_ Program: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Employee #: \_\_\_\_\_

R-Level at time of leave: \_\_\_\_\_ J-1 Visa: ☐ Yes ☐ No

**To be Completed by Resident/Fellow:**

Anticipated Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

**Action Requested:**

- ☐ New Leave of Absence  
☐ Extension of Previous Leave Request

**Type of Leave Requested:**

- ☐ Medical Leave: absence for your own serious health condition  
☐ Caregiver Leave: absence to care for a parent, spouse, or child  
☐ Parental Leave: absence to care for a child after birth, placement for adoption or foster care  
    ☐ Maternity  
    ☐ Paternity  
    ☐ Adoption/Foster Care  
☐ Military Leave  
☐ Personal Leave: used for an extraordinary circumstance not covered above

Reason: \_\_\_\_\_

I am requesting the ACGME One-Time Paid Leave (max. 6 weeks) ☐ Yes ☐ No

*(Requires final approval by GME and HR-LM based on eligibility)*

I understand that in the case of an unexpected start date, I should notify my Program Coordinator, Program Director, Chief Resident (if applicable), and the GME Office as soon as possible. I have discussed pay for the duration of my leave with my Program and agree with the plan laid out on the following page. I also understand that this leave could result in my training being extended, and have discussed this with my Program Director.

**Resident/Fellow Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be Completed by Program Director and Coordinator:***Leave Breakdown in Days*

This Resident/Fellow will be paid for this Leave of Absence according to the following:

**ACGME One-Time Paid Leave** *(contact GME)*

Leave Request Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leave Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (ACGME leave):	
End Date (ACGME leave):	
Total Weeks Used:	

**Annual Paid Time Off (PTO)** *(max. 28)*

Available Balance in Days:	
Days Charged This Request:	
Start Date (PTO):	
End Date (PTO):	

**Extended Illness Bank (EIB)** *if applicable*

Available Balance in Days:	
Days Charged This Request:	
Start Date (EIB):	
End Date (EIB):	

**Unpaid Leave** *(if all available paid leave is exhausted)*

Start Date (unpaid):	
End Date (unpaid):	
Total Days:	

Will this leave (according to the anticipated dates) extend training? ☐ Yes ☐ No ☐ Undetermined

If yes, training extension days: \_\_\_\_\_ New Expected Program End Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Has this Resident/Fellow taken a prior Leave of Absence during the current training program? ☐ Yes ☐ No

Dates/Type of Leave: \_\_\_\_\_

I have discussed with the Resident/Fellow the implications of this Leave of Absence on his/her time in training. If an extension is expected, I have made him/her aware.

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be Completed by GME:**

- ☐ Form Received by GME
- ☐ Leave Approved by HR-LM
- ☐ ECFMG Form Submitted
- ☐ Pay Discussed with Coordinator
- ☐ Leave Tracked in SS
- ☐ Leave in New Innovations

Actual Start Date: \_\_\_\_\_

Actual End Date: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

**GME Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_