



**TO:** Heather Russell Milici  
Resident Physicians Coordinator  
 House Staff Office T-209

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Program Director

**FROM:** \_\_\_\_\_  
 (Employee's Name)

**DATE:** \_\_\_\_\_

**RE: PERSONAL LEAVE OF ABSENCE REQUEST AND APPROVAL FORM**

I am requesting a **personal** (non-FMLA) leave of absence for the period and reason indicated:

To Begin: \_\_\_\_\_ To End: \_\_\_\_\_  
 Reason: \_\_\_\_\_

Personal leave is an approved period of unpaid absence from work for those employees who are not eligible for other types of leaves of absence, or have exhausted their FMLA leave and have exhausted all vacation, personal time and sick time, if applicable. Personal leaves shall be granted only for good cause, and then only if the leave does not adversely impact significantly the quality of patient care.  
Approved Paternity LOA will be paid for two weeks.

- I understand this personal leave of absence is within the sole discretion of the Hospital and subject to the following conditions:
- I must try to provide the employer 4 weeks' prior notice of the request; if this is not possible, I must give as much prior notice as practicable.
- I will not accept or perform other employment during this period of leave.
- I must speak with my Program Director and a member of the House Staff Office regarding my status and intent to return to work. If the circumstances of my leave change and I am able to return to work earlier than the date indicated on this form, I will notify my Program Director and a member of the GME Dept. and Housestaff Office at least two work days prior to the date I intend to report for work.

Address I can be contacted during LOA: \_\_\_\_\_  
 Phone Number I can be contacted during LOA: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director, GME Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reason: \_\_\_\_\_