Request for Leave of Absence  
Postgraduate Medical Education

In order to request a leave of absence from the program, the trainee should complete this form and submit it to his/her Program Director for approval. The PGME office normally does not need to be informed of leaves that are less than one week in duration.

Name of Resident/Fellow

Current Training Level

Training Program

Start Date of Leave

Return Date from Leave*  
*If on pregnancy or parental leave, any accrued vacation shall be taken immediately after the leave expires, or at such later date if agreed to between the resident and the program director.

Ensure that you read the preceding pages “Information on Leaves of Absence” for important information regarding your leave & detailed information on Pregnancy, Parental Leave & Parental Benefits.

<table>
<thead>
<tr>
<th>Category of Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>□ Doctor’s Note: Normally, a doctor’s note is not required for leaves less than two weeks in duration. If there are recurrent leaves, the Program Director/PGME Office may require a doctor’s note. You will be required to supply a doctor’s note indicating that you are fit to resume training after leaves &gt; two weeks.</td>
</tr>
</tbody>
</table>

Leaves Without Pay:

□ Personal Leave  
⇒ Remember to arrange prepayment of benefits.

□ Compassionate Leave  
⇒ Remember to arrange prepayment of benefits.  
⇒ See [http://www.servicecanada.gc.ca/eng/si/types/compassionate_care.shtml#Definition](http://www.servicecanada.gc.ca/eng/si/types/compassionate_care.shtml#Definition) for information on Compassionate Care Benefits

□ Leave with Pay  
⇒ Special circumstance PGME approval required.

□ Pregnancy  
⇒ up to 17 weeks  
⇒ Birth mother or surrogate mother only

AND/OR

□ Parental  
⇒ up to 35 weeks  
⇒ 37 weeks if pregnancy leave  
⇒ All new parents (as defined by Employment Standards act)
⇒ not taken (i.e. adoptive parents, fathers or non-birth mothers

Trainee Signature  

Date  

Program Director Signature  

Date

Submit form to: Postgraduate Medical Education Office,  
Attention Jan Losier, losier@mcmaster.ca, MDCL-3101a  Fax: 905-527-2707

For Office Use Only  
□ Entered in McPost  
□ Added to monthly lists  
□ LOA if required