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| **TRAINEE LEAVE OF ABSENCE DOCUMENTATION FORM** | | |
| *The purpose of this form is to document trainee leaves of absence and inform the University of Arizona College of Medicine – Tucson (UACOM-T) Graduate Medical Education (GME) office of trainee leaves of absence.* | | |
| * Any leave of absence excluding vacation and sick days should be documented on this form (i.e. maternity/paternity leave, medical leave of absence, caregiver, etc.) * Refer to [Graduate Medical Education Vacation and Leaves of Absence Summary and Frequently Asked Questions](https://bannerbenefits.mybenefitport.com/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=18&wpfd_file_id=2093&token=&preview=1) webpage as well as the [Banner Health Benefit Highlights](https://s3.amazonaws.com/flimp3/files/1ac35bc23d358fa4363db10e03e7fba2-FILE.pdf?response-content-disposition=inline&response-content-type=application%2Fpdf&AWSAccessKeyId=AKIASPEWEWCJZLHPVHU4&Expires=1671032500&Signature=PpDasRT4QFgyxLRsGjju2%2Fm0%2BSw%3D) webpage for a list of all types of leaves of absence and their reporting process * Banner defines an “ACGME Paid Leave” category to meet the requirement to “provide trainees with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the trainee is required to report.” Please note that Banner allows for an ACGME Paid Leave only once during a trainees training with a program (not once per academic year) * This form must be completed by the Program Director after a discussion with the trainee regarding their leave of absence * A copy of this form must be given to the trainee, placed in the trainee’s personnel file and sent via email to the GME Director * The Program Director is required to work closely with the Department Administrator listed as the trainee’s supervisor to ensure that all aspects of the trainee’s leave are managed accordingly. | | |
| **LEAVE REQUEST INFORMATION** | | |
| Name of Program Director: |  | |
| Name of Trainee: |  | |
| Program Name: |  | |
| Best contact method to reach trainee while on LOA: |  | |
| Does the trainee currently hold a J-1 visa? | Yes  No | |
| Leave Type | Medical  Caregiver  Parental  Extended Bereavement | Personal (non-medical)  Educational  Military  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First day of leave: | Click or tap to enter a date. | |
| Anticipated date of return: | Click or tap to enter a date. | |
| Total number of days of leave: |  | |
| Provide a brief overview of the the anticipated impact of leave on length of training and/or board certification requirements |  | |
| Educational leaves only – Provide a brief overview of the impact of the leave on program complement |  | |
| This leave of absence has been discussed with the trainee to include all of the information contained on this form as well as the impact that this leave of absence may have on their length of training and implication for the certifying board exam(s)  The trainee has been provided a copy of the UACOM – T GME Vacation and Leaves of Absence Policy, the [Graduate Medical Education Vacation and Leaves of Absence Summary and Frequently Asked Questions](https://bannerbenefits.mybenefitport.com/wp-admin/admin-ajax.php?juwpfisadmin=false&action=wpfd&task=file.download&wpfd_category_id=18&wpfd_file_id=2093&token=&preview=1) and [Banner Resident and Fellow Benefits information](https://flimp.live/bannerbenefits) which includes information on types of leaves and the process for requesting a leave of absence  A copy of this form will be provided by the Program Director to the trainee, placed in the trainee’s personnel file, and sent via email to the GME Director  Any updates to the information contained on this form will be communicated by the Program Director to the GME Director  Educational leaves only – this form will be reviewed on an annual basis and sent by the Program Director to the GME Director on an annual basis | | |
| Program Director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Click or tap to enter a date.  Trainee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: Click or tap to enter a date. | | |