# LEAVE REQUEST FORM

(Required for 5 or more consecutive days)

<table>
<thead>
<tr>
<th>Resident/Fellow Name and R Level:</th>
<th>Resident/Fellow Appointment Dates:</th>
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</thead>
<tbody>
<tr>
<td>Duration of Request: From: To:</td>
<td>Residency/Fellowship Program:</td>
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## Reason for Request

- **Sick Leave**
  - Due to a serious health condition that makes the Resident/Fellow unable to perform the functions of his/her appointment.
  - To care for a family member with a Serious Health Condition (Describe relationship: __________________)

- **Emergency Leave**
- **Pregnancy and Childbirth Leave**
- **Parental Leave**
  (Expected date of birth/placement______________________)

- **Civil Leave** (Explanation: ___________________________)

- **Military Leave** (Explanation: ________________________)

- **Other** (Explanation: _______________________________)

## Family Medical Leave Act (FMLA) Eligibility

(To be completed by Department):

- FMLA eligible: Yes:_____ No:_____
- For the inclusive dates: From: _______ To: _______
- LWOP granted: Yes:_____ No:_____
- For the inclusive dates: From: _______ To: _______
- Benefits Office Notified: _______

*You may be asked to provide a statement from your health care provider supporting this request.

†Requests must be accompanied by a statement from the health care provider confirming the date of birth, or for an adoptive child, from the appropriate agency confirming the date of placement.

±Leave may be unpaid unless the resident/fellow elects to use vacation leave or sick leave (to the extent the circumstances meet the requirements for sick leave) concurrently during this leave.

Required medical information should be sent to the Office of Graduate Medical Education, Box 356340. All medical information will be kept separate from your academic file.

☐ Check here if your leave request is due to on-the-job injury or illness and you have questions about worker’s compensation. If such cases, please contact the Risk Management Office at 543-0183 or e-mail workcomp@u.washington.edu.

Resident/Fellow Signature  Date

**APPROVAL STATUS**  _____ Approved  _____ Not Approved

Residency/Fellowship Program Director Signature  Date

Department Administrator/Program Coordinator Signature  Date

Office of Graduate Medical Education Signature  Date

☐ Office of the Dean  ☐ GME Finance  ☐ Program Administrator  ☐ Benefits Office

Rev April 2008
DEFINITIONS:

A serious health condition is defined as illness, injury, impairment, or physical or mental condition that involves one of the categories described below:

• Inpatient Care - in a hospital, hospice or residential medical care facility, or subsequent treatment in connection with inpatient care
• Incapacity for more than 3 consecutive days, involving treatment 2 or more times by a health care provider, by a provider of health care services (e.g. nurse, physicians assistant, physical therapist) under orders of, direction of, or referral by a health care provider, and any subsequent incapacity or treatment related to the same condition
• Incapacity for more than 3 consecutive days, involving treatment at least once by a health care provider which results in a regimen of continuing treatment under supervision of a health care provider
• Pregnancy: any period of incapacity due to pregnancy or prenatal care
• A chronic condition requiring periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider, which continues over an extended period of time, and which may cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.)
• A permanent or long-term period of incapacity due to a condition for which treatment may not be effective, but for which the patient is under the continuing supervision of a health care provider (may not be receiving active treatment). (Examples: Alzheimer’s, severe stroke, terminal stages of a disease.)
• A period of absence to receive multiple treatments (or recovery there from) by a health care provider, or by a provider of health care services on referral by a health care provider, either for restorative surgery after an accident or injury, or for a condition that would likely result in a period of incapacity of more than 3 consecutive calendar days in the absence of medical intervention or treatment (Examples: chemotherapy, radiation, dialysis.)