

HOUSESTAFF LEAVE REQUEST

[Incomplete form will be returned to HS before processing]

Name: **[Please Print]** _____
Last First MI

Current Address: _____
Street Address/Apartment/Unit # City State Zip

Home #: _____ Cell #: _____ Email: _____ @mcvh-vcu.edu

Program [including subspecialty]: _____ Employee #: _____ (6 digits)

Reason for leave: (MCVH/Policy #: 135358) – Unum Call Center: (866) 786-9321 / www.unum.com

Maternity/Est. Due Date: _____ FMLA STD Military (provide copy of orders) Other: _____

Is this a revision of your original leave request?

- No [original request]
- Yes **and** the number of days **did** change from my original request (see revised dates below).
- Yes **and** the number of days **did not** change from my original request (see revised dates below).

Leave dates requested:

From: _____ through: _____ Est. Return to work date: _____

Sick leave from: _____ through: _____ # of Days _____
[Max 30 calendar days]

Short-Term Disability from: _____ through: _____ # of Days _____
*[STD must begin on day 15 of your disability] –
Note: If you are unsure as to whether or not you elected to have STD, go to ESS, located on VCUHS Intranet Web page, and review your most recent pay stub.*

Annual leave from: _____ through: _____ # of Days _____
[Max 21 calendar days]

Leave without pay from: _____ through: _____ # of Days _____

Resident/Fellow Signature **Date**

Is make up time required? No Yes, # of days required _____ From: _____ Through: _____

Approved: No Yes **Est. date of next promotion:** _____ **Est. Graduation Date:** _____

Print Name of Program Director **Signature of Program Director** **Date** **Program Director E-Mail**

Print Name of Program Coordinator **Program Coordinator E-Mail** **PC to complete prior to submission of leave to GME:**
Ent'd in NI: Block Scheduling & Personnel Data/Public Notes

If the make-up period indicated above is greater than six weeks, funding for the time in excess of six weeks **must be approved** by the GMEC Executive Committee:

Approved: No Yes _____
Executive Committee **Date**