

# University of Texas Health Science Center McGovern Medical School

## GME Request for Leave

*(Excludes regular Vacation/Sick unless FMLA)*

*Request one type of leave per form*

Resident/Fellow Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

This person needs to be granted \_\_\_\_\_ days of leave from \_\_\_\_\_ to \_\_\_\_\_ (both inclusive).

**To be recorded as:**

FMLA – Maternity/Paternity *(attach copy of FMLA request form)*

FMLA – Personal Medical *(attach copy of FMLA request form)*

FMLA – Family Care *(attach copy of FMLA request form)*

FMLA – Military Family Care *(attach copy of FMLA request form)*

Paternal Leave – Used when FMLA Maternity/Paternity is exhausted or the person is not eligible for FMLA.

Administrative Leave (Paid) – must be billed to a department CFS

Personal Leave (Unpaid) – Used when FMLA not related to maternity/paternity is exhausted or the person is not eligible for FMLA. All paid leave must be exhausted.

Training Sabbatical (Unpaid)

Visa Mandated (Unpaid) – Used when OIA requires the person be pulled of service and be off site

Other *(briefly describe)*: \_\_\_\_\_

\_\_\_\_\_

CFS in NI that will cover costs: \_\_\_\_\_

### Leave Breakdown in Days

Sick Leave	Vacation	Enhanced FML (One time/program)	Unpaid Leave
Starting Balance in Days <i>(max. 30):</i>	Starting Balance in Days <i>(max. 21):</i>	Starting Balance in Days <i>(max 42):</i>	Start Date:
Days Charged This Request:	Days Charged This Request:	Days Charged This Request:	End Date:
Start Date:	Start Date:	Start Date:	
End Date:	End Date:	End Date:	Total Days:

**Program Director/Coordinator Name:** \_\_\_\_\_

**Signature (Submitted by):** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**PASS Submitter Acknowledgement for LOA:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To be Completed by GME Only:**

Approved

Denied

Other Action: \_\_\_\_\_

Leave breakdown confirmed and approved

Entries made in New Innovations

Pass Transaction:    Required            Not required

**Processed by (name of GME personnel):** \_\_\_\_\_

**Date Processed by GME:** \_\_\_\_\_