

House Staff Request for Leave of Absence

All house staff requesting a leave of absence for illness, and leaves including maternity, educational, or personal leave, must complete this form as soon as possible. This form is not required for the three weeks of paid time off per year or the week of educational leave routinely granted by some programs.

 House Staff Name

 Program Name

 House Staff Address (while on leave)

City

State

Zip

Leave Details

| Type of leave (check all that apply*) | Leave Start Date | Leave End Date |
|---|------------------|----------------|
| <input type="checkbox"/> Bereavement Leave | _____ | _____ |
| <input type="checkbox"/> Family Leave &/or Baby Bonding | _____ | _____ |
| <input type="checkbox"/> Jury Duty | _____ | _____ |
| <input type="checkbox"/> Medical Leave (State Disability) | _____ | _____ |
| <input type="checkbox"/> Medical Leave (Pregnancy/State Disability) | _____ | _____ |
| <input type="checkbox"/> Paternity Leave (5 paid working days) | _____ | _____ |
| <input type="checkbox"/> Personal Leave (Unpaid) | _____ | _____ |

- Please specify if you are combining various types of leave and include the dates of each leave.
- All leaves must be entered in Medhub for accurate duty hour reporting.

Each specialty has unique requirements for missed training during your internship/residency/fellowship. Please discuss the requirements with your program director

 House Staff Signature

Date

Approvals

 Program Director Name and Signature

Date

 Director, Office of Graduate Medical Education and Signature

Date

1. Complete Form
2. Obtain Program Director's Signature
3. Deliver to Robbin Bankston, (email, hand deliver, mail, or fax)
 Robbin Bankston RBankston@stanfordhealthcare.org, Department of Graduate Medical Education,
 Stanford Health Care, 300 Pasteur Drive, Room HC435 M/C 5207 Stanford, CA 94305-5207,
 Phone: (650) 736-7487 Fax: (650) 723-3045