

Stanford Hospital & Clinics / Lucile Packard Children's Hospital Intern/Resident/Fellow Request for Leave of Absence

All interns, residents, and clinical fellows requesting a leave of absence for illness, including maternity, educational, or personal leave, must complete this form. 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.

Intern/Resident/Fellow Name

Program Name

Intern/Resident/Fellow Address (while on leave)

City

State

Zip

Leave Details

Type of leave (check one box):

- | | |
|--|--|
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Disability/State Disability Insurance | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Extended Sick Leave | <input type="checkbox"/> Personal Medical Leave (Paid) |
| <input type="checkbox"/> Family Medical Leave (Paid) | <input type="checkbox"/> Personal Medical Leave (Unpaid) |
| <input type="checkbox"/> Family Medical Leave (Unpaid) | <input type="checkbox"/> Personal – Other (Unpaid) |
| <input type="checkbox"/> Jury Duty | |

Leave Start Date

Leave End Date

Approvals

Program Director

Date

Director, Office of Graduate Medical Education

Date

Intern/Resident/Fellow

Date