

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.

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

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 |
|---|------------------|----------------|
| Bereavement Leave (House staff eligible up to 5 days paid) | | |
| Family Leave &/or Baby Bonding (House Staff <u>MUST</u> apply to State https://www.edd.ca.gov/disability/ as this is a State paid leave based on eligibility with the state) | | |
| Jury Duty (Refer to GME House Staff Policies & Procedure) | | |
| Medical/Disability Leave (State Disability) | | |
| Maternity Leave (Pregnancy/State Disability) | | |
| Paternity Leave (5 Consecutive paid working days) | | |
| Personal Leave (Unpaid) | | |

- * Please specify if you are combining various types of leave and include the dates of each leave. Each specialty has unique requirements for training that may be missed during their internship/residency/fellowship. Please discuss the requirements with the appropriate program director.

House Staff Signature

Date signed

Approvals

Stanford Program Director Name and Signature

Date approved

Stanford Office of Graduate Medical Education Director Name and Signature

Date approved