

All house staff requesting a leave of absence for medical/disability, pregnancy, newborn bonding, educational, or personal reasons must complete this form and return to the GME office as soon as possible.

1. Complete this form
 2. Obtain Program Director's signature
 3. Submit completed and signed PDF form to Robbin Bankston rbankston@stanfordhealthcare.org
 4. Ensure that your program coordinator enters your LOA dates in Med Hub
 5. Contact [The Hartford](http://TheHartford.com) to request your leave: 1-800-524-8504, <https://abilityadvantage.thehartford.com>. For medical, pregnancy, bonding and family care leaves, The Hartford will require additional certification from a physician to approve your request.
 6. On your return-to-work date, notify rbankston@stanfordhealthcare.org & [The Hartford](http://TheHartford.com) immediately to confirm your return.
- Any leave updates MUST be reported to rbankston@stanfordhealthcare.org, The Hartford and the State EDD (if applicable) immediately to ensure you are paid appropriately.**

House Staff Information

House staff first name	Last name	SHC Employee # (5 or 6 digit # found in MedHub)
Program name	Title (Resident or Fellow)	SHC hire date
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)	_____	_____
New Parent Baby Bonding Leave House staff Must apply for State paid Family Leave (PFL) benefits	_____	_____
Jury Duty (Refer to GME house staff policies & procedure)	_____	_____
Medical/Disability Leave House staff Must apply for State Disability Insurance (SDI) benefits	_____	_____
Pregnancy Disability Leave House staff Must apply for State Disability Insurance (SDI) benefits	_____	_____
Family Medical Care Leave House staff Must apply for State Paid Family Leave (PFL) benefits	_____	_____
Personal Leave (unpaid)	_____	_____

*Please specify if you are combining various types of leave (such as pregnancy & bonding) 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.

Confirm how many sick & vacation days you will have available at the start of your leave
(These days will be used to maintain your salary during leave, including coordination with State benefits)

Sick Days _____ Vacation Days _____

House Staff name	House Staff signature	Date signed
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Program Director's Acknowledgement

Program Director name	Program Director signature	Date signed
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GME Office Use Only

Ann M Dohn Stanford DIO name	Stanford DIO signature	Date signed
Pay thru date	LTD Eligibility Date (90 days from start date)	