**Instructions for Completing the Medical Leave of Absence Request Form**

House Staff should complete the Medical Request for Leave Form and submit it to his/her immediate supervisor (or directly to Graduate Medical Education) within 30 days of anticipated need for leave. If the need for leave is unforeseen, the House Staff must provide notice as soon as practical. If House Staff informs the supervisor of the need for leave, but is unable or fails to complete the request form, the supervisor is expected to complete the form on behalf of the staff member/faculty. Completed forms should be sent to the GME Office either by fax at 343-1496, electronically to [gme.office@vanderbilt.edu](mailto:gme.office@vanderbilt.edu), or delivered to 209 Light Hall.

In order to comply with the federal guidelines, ***the House Staff must be notified of his/her eligibility status within 5 business days of a request for medical leave under the Family and Medical Leave Act (FMLA).*** Therefore, the form must be submitted to Graduate Medical Education as soon as the supervisor receives it or as soon as the supervisor becomes aware the House Staff’s need for leave.

**Anticipated Leave Dates**

List the dates your leave will begin and end. If you do not have the exact dates please give your best estimate. You may use this form to request continuous and intermittent leave. Continuous leave is defined as any leave taken within a specific set of dates (i.e. Nov. 1st thru Nov. 5th). Intermittent leave is defined as leave taken in intervals while continuing to work (e.g. reduced schedule, 1 day per week or month for an office visit, etc.).

**Reason for Requested Leave**

House Staff or immediate supervisor should check the box indicating the reason for the leave. For example:

If the request is for the birth, adoption or foster care of a child and the expectant parent wishes to take the additional leave granted by the State of Tennessee (TMLA) please check the box.

NOTE: For more information on TMLA, please read the Statutory Leaves of Absence Policy (HR-Policy 12A) <http://hr.vanderbilt.edu/policies/hr-012a.pdf> (press and hold your key [Ctrl] while clicking the link)

If the House Staff is requesting leave to care for a family member, check the box ‘qualifying family member’ and indicate the staff member/faculty’s relationship to the family member.

If the House Staff’s family member has been injured during military duty, check the box ‘Military Caregiver’ and indicate the staff member/faculty’s relationship to the service member.

If the House Staff’s family member is being called to active duty, check the box ‘Military Exigency’ and indicate the staff member/faculty’s relationship to the service member.

***No medical explanations or medical documentation should be written or attached to this form.***

**Contact Information While on Leave**

Please provide your home address, phone number and personal email address in case Vanderbilt needs to send information regarding your leave. All information will be sent electronically to the staff member/faculty’s Vanderbilt Outlook account, but in cases when internet access is limited or non-existent, all correspondence will be sent via postal mail services.

***Next Steps***

Once this form is completed and sent to GME, the House Staff and the immediate supervisor will be provided paperwork indicating eligibility and instructions to complete the medical leave process. For more information on the process, you may contact the GME Office at 615-322-4916.

House Staff should consult their Program Director regarding Program and Board requirements to determine if a leave of absence will have any impact on their training.

Please refer to the House Staff Manual for further information regarding Leave Policy.

<http://www.mc.vanderbilt.edu/documents/gme/files/HSManual.pdf>

HR-blk.wmf

Medical Leave of Absence Request Form

House Staff Information:

First Name MI Last Name Employee ID

Department / **GME Housestaff**

House Staff’s Supervisor/Manager / **GME** Phone Number

Leave Dates *(You may request continuous and/or intermittent leave via this form. Please give an est. if you don’t know exact dates)*

* Continuous Leave Beginning Ending
* Intermittent Leave Beginning Ending

Please check the appropriate reason for Leave of Absence request:

* House Staff’s own medical condition
* Birth of the House Staff’s child ( Check here if you intend to take TMLA.)
* Placement of a child with House Staff for adoption or foster care ( Check here if you intend to take TMLA.)
* To provide care for a qualifying family member with a serious medical condition:

Spouse

Same sex domestic partner (must be registered as domestic partners)

Child (Please provide age of child: )

Parent

Other (Please provide your relationship to this individual: )

* Military Caregiver (to provide medical care for a covered service member)

Spouse

Same sex domestic partner (must be registered as domestic partners)

Child

Parent

Next of kin (Please provide your relationship to this individual: )

* Military Exigency (call to active duty)

Spouse

Same sex domestic partner (must be registered as domestic partners)

Child

Parent

Contact Information (while on leave):

Address

Phone Number Alt. Phone Number

Personal Email Address

**I certify that the above information is true and correct to the best of my knowledge. I understand that any misrepresentation concerning the above facts can result in disciplinary actions including, and up to, termination.**

Name of Person Completing This Form Date

***Please submit this completed form to the GME Office by: delivery to 209 Light Hall, Fax 343-1496 or electronically at*** [***gme.office@vanderbilt.edu***](mailto:gme.office@vanderbilt.edu)

*GME – Housestaff / HR – Employee Relations: Medical Leave of Absence Request Form GME Revised October/2014*