



RESIDENT PHYSICIAN LEAVE OF ABSENCE REQUEST

Residents: Please refer to the appropriate article in the Resident Physician Agreement contract for information. Carefully complete this form and submit it to your Residency Training Program with any other Requirements. *Requests should be submitted no later than 4 weeks prior to avoid interruption or issues with compensation and benefits.*

- Sick leaves under 5 days need only to be reported to your program, do not use this form
- Sick leaves under 5 days due to COVID symptoms should be reported directly to the MEO, do not use this form
- If you also moonlight as a physician extender you must also notify the relevant clinical program
- It is anticipated that missed rotations or required time lost must be made up with equivalent extra time upon the resident's return to their program
- Please note that PARA Resident Physicians will receive regular salary while on medical leave for 90 days each appointment year; they are then required to apply for long
 term disability. Upon returning the Resident Physician must provide a written letter by their physician indicating their capability to resume training.
- If you require a gradual return to work, or will require an adjustment to your full-time hours, ensure that an FTE- Adjustment form is submitted by your program ASAP
- For urgent requests or changes contact your Residency Training Program, pgme@ucalgary.ca , and CAL.MedicalEducationOffice@ahs.ca ASAP.
- Monitor your AHS email as some correspondence will be generated automatically by Human Resources.

Vermannen biefermentien en this ferm is celle der der der beschreite effectien 20/s) of the Errordem of Jefermentien and Destaction of Deiners	
Your personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy	
Act. The information will be used by or disclosed for placement purposes. For questions, concerns or more information about the collection, use or	

disclosure of your personal information, please contact Information and Privacy at 1-877-476-9874 or by email at privacy @albertahealthservices.ca