

COLLEGE OF MEDICINE - CHATTANOOGA

ACGME Mandated, One-Time, Six-Weeks Paid GME Medical/Parental/Caregiver Leave Approval Form

Resident/Fellow Name:	UT Personnel #:
Program Name:	Level in Program:
Resident/Fellow Email Address:	Resident/Fellow Phone:
Section 2: Leave Information	
Type of Leave: Medical Parental Ca	aregiver
Requested Medical/Parental/Caregiver Leave Da	ates
Planned Start Date: Plan	nned End Date: # Weeks:
Are you planning to take additional Annual L If so, please indicate what type and the	
Type: Paid Annual Leave Planned Star	t Date Planned End Date
Type: Paid Sick Leave Planned Star	t Date Planned End Date
Type: Unpaid Additional Leave Planned Star	t Date Planned End Date
I understand that in the case of an unexpect Coordinator, Program Director, and Chief Reside	ed Leave Start Date, I should notify my Program ent (if applicable) as soon as possible.
Section 3: Program and Training Responsibilities	
Resident/Fellow Signature:	Date:
Approved by:Program Director	Date:
Potential training extension due to ACGME or AE Program Director. Enter your initials if this discu	BMS requirements have been discussed with the Resident/Fellow and ssion has occurred.
Program Director Initials	Resident/Fellow initials
For Office Use Only:	

This form should be turned into your Program Coordinator as soon as the Program Director has approved the leave. The Program Coordinator is responsible for notifying GME of the approved leave as soon as this form is

received.

Coordinator Tasks (Required): Enter a Note into the Resident's/Fellow's New Innovations Personnel Data record denoting this extended leave. Also, scan and email this form to GME at rosalyn.stewart-kalaukoa@erlanger.org.