UAMS COM GME Medical, Parental and Caregiver Leave Request Form

Academic Year 2026-27

Program: Resident/Fellow Name:

Type of Leave Requested:

- ☐ Medical
- ☐ Parental
- ☐ Caregiver

By signing this request form, the resident/fellow and program director attest that they have addressed and understand each of the following:

We have read and understand both the COM GMEC Policy 2.200 on leave and the program-specific leave policy.

We understand that changes and/or updates to the dates of requested leave must be provided to the COM GME/Housestaff Offices in a timely manner.

We have reviewed resident/fellow's leave status to include all leave used to date, proposed medical, parental or caregiver leave and future leave in current/subsequent academic years.

Impact on Board Eligibility and Successful Completion of Program

We have reviewed the current specialty board requirements regarding leave of absences and have discussed the possible impact an extended leave of absence might have on length of training and eligibility/timing of eligibility for board exams.

We have reviewed both the ACGME and program-defined requirements for successful completion of program that may include the resident/fellow's most current Milestone report, required rotational experiences, case volume requirements, required clinical experiences, scholarly activity, call requirements, etc.

We have developed a written plan to ensure the successful completion of all program requirements and to ensure that resident/fellow will meet board eligibility.

Family Medical Leave Act (FMLA)

Resident/fellow will be required to submit paperwork to determine FMLA status. If applicable, FMLA will run concurrently to any leave utilized.

Extension of Training

If the resident/fellow's training end date will be extended, the program director and resident/fellow have reviewed COM GMEC Policy 2.120. The Program Director has contacted the Housestaff Office to discuss financial impact of extension of training.

Resident/Fellow Signature:

Signature_____ Date_____

Program Director:

Name_____Signature_____Date_____

This form has been reviewed and approved by the COM GME and Housetaff Offices.

Date:

For Internal Office Use

GME

☐Board Eligibility

☐Program Requirements

Housestaff Office

☐NI Scheduling

☐VA/ACH rotations

☐NI Billing/Invoicing

☐FMLA

☐Extension of Training

☐Complement Increase (Notification to GME)