



Postgraduate Medical Education
UNIVERSITY OF TORONTO

NOTICE OF LEAVE FORM

- PAID MEDICAL/SICK LEAVE
- PAID EMERGENCY/FAMILY/BEREAVEMENT LEAVE (Maximum 5 working days)
- MATERNITY LEAVE
- PARENTAL LEAVE
- UNPAID LEAVE – Please identify reason: _____ Educational/Academic/Research
_____ Personal/Compassionate

TO: POSTGRADUATE MEDICAL EDUCATION

FROM: _____ DEPT: _____ PROGRAM: _____

DATE: _____ TEL. NO: _____

HOSPITAL SITE: _____ ROTATION: _____

HOSPITAL MEDICAL EDUCATION CONTACT: _____

TRAINEE NAME: _____ TRAINING LEVEL: _____

LAST DAY OF WORK	OFFICIAL START DATE OF LEAVE	LAST DAY OF LEAVE	OFFICIAL DATE OF RETURN

NAME: _____
PROGRAM DIRECTOR

SIGNATURE: _____
PROGRAM DIRECTOR

****Please inform the following for any type of leaves at least one month prior:
Rotation Supervisor, the Site Coordinator and Hospital Medical Education Office**

Revised: FEBRUARY 2017