NOTICE OF LEAVE FORM

☐ PAID SICK LEAVE
☐ PAID COMPASSIONATE LEAVE
☐ MATERNITY LEAVE
☐ PARENTAL LEAVE
☐ UNPAID LEAVE

TO: TORONTO HOSPITALS’: POSTGRADUATE PAYROLL ASSOCIATION

FROM: _________________ DEPT: _________________ PROGRAM: _________________

DATE: _____________________ TEL. NO: _____________________

RESIDENT NAME: _____________________ TRAINING LEVEL: _________________

<table>
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<tr>
<th>LAST DAY OF WORK</th>
<th>OFFICIAL START DATE OF LEAVE</th>
<th>LAST DAY OF LEAVE</th>
<th>OFFICIAL DATE OF RETURN</th>
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NAME: ______________________________ PROGRAMME DIRECTOR

SIGNATURE: ______________________________ PROGRAMME DIRECTOR

PRECISE INFORMATION IS NEEDED FOR THE PROPER PROCESSING OF PAYROLL AND UIC DOCUMENTS. PLEASE SUBMIT INFORMATION ONE MONTH IN ADVANCE. NB: THIS IS THE ONLY FORMAT ACCEPTABLE BY THIS OFFICE

Revised: Dec. 2009