



Dr. Kiran C. Patel College
of Osteopathic Medicine
NOVA SOUTHEASTERN
UNIVERSITY

RESIDENT/FELLOW LEAVE OF ABSENCE (LOA) REQUEST FORM

To be Completed by Resident/Fellow:

Name: _____ Program: _____

Address During Leave: _____
Street Address City State Zip Code

Phone During Leave: _____ E-mail During Leave: _____

Classification: Resident Fellow

Reason for Leave: _____

Unused Days: Vacation Days _____ Sick Days _____

Last Day Worked: _____ Anticipated Date of Return: _____

Program Director/Coordinator: _____ Date: _____
(please print)

Coverage Plans: _____

Signature: _____ Date: _____

To be Completed by GME and Human Resources

- Type of LOA: FMLA – Medical LOA FMLA – Personal LOA Inactive; Suspend Pay (Benefits will terminate)
 FMLA – Parental LOA Military LOA (includes Reserve/National Guard) LOA – Resident/Clinical Fellow
 Other

Completed	Department	Date Received	Authorized Signature of Representative
<input type="checkbox"/>	Program Coordinator	_____	_____
<input type="checkbox"/>	Program Director	_____	_____
<input type="checkbox"/>	Designated Institutional Official	_____	_____
<input type="checkbox"/>	NSU Human Resources, if applicable	_____	_____