



### **Leave of Absence Notification**

Completed form must be returned to [barrosol@queensu.ca](mailto:barrosol@queensu.ca)

**Trainee Name:**

**Current Training Level:**

**Program:**

**Type of Leave:**

**Start Date of Leave:**

**Expected Return Date:**

**Is a reintegration period required upon return?**

**Anticipated new end of training date:**

**Comments:**

**Program Director:**

**Signature:**

**Date:**

### **Important Notes**

1. Residents who have taken a leave of absence of more than one week during the training year will have an extension to their training time by the equivalent amount. Promotion will not occur July 1 for off-cycle trainees.
2. Residents may request a Waiver of Training in their last year of training.
3. Medical notes must be supplied to the PGME Office along with this form. The note must include the dates of the leave (information on the diagnosis is prohibited).
4. You must contact the PGME Office if a reintegration period is required.
5. Review the PGME Leaves of Absence Policy [here](#).