



### Leave of Absence Return Notification

This form is to be reviewed and signed by the Program Director  
Completed form must be returned to: [barrosol@queensu.ca](mailto:barrosol@queensu.ca)

**Trainee Name:**

**Current Training Level:**

**Program:**

**Start Date of Leave:**

**First day back in the program:**

**Is a reintegration period required:**

**Is an assessment MLP period required:**

**Are accommodations (e.g, graduated return to work or other) expected:**

Y      N

**I would like a meeting with the Wellness Office to discuss the return plan:**

**New anticipated end date:**

**Progress to next PGY level date:**  
(follows 13 successful blocks at previous level)

**Comments:**

**Program Director Signature:**

**Date:**

**Important notes:**

- 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.
- [A Waiver of Training may be granted by the program in the last year of training](#)
- [Leaves of Absence Policy](#)