



Postgraduate Medical Education
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APPLICATION FOR UNPAID LEAVE OF ABSENCE (LOA)

Section 1: Trainee's Identification

Last name: _____

First name: _____

McGill ID: _____

Program: _____

Current Level in Program: _____

Section 2: Leave Request

Start date of LOA (MM/DD/YYYY): _____

End date of LOA (MM/DD/YYYY): _____

Reason of request (filled by trainee):

Signature of trainee: _____

Date (MM/DD/YYYY): _____

Section 3: Program Director's Approval

I, _____ have reviewed the relevant PGME Leave Policy and believe this resident to be eligible
Program Director

for an unpaid Leave of Absence. New end of training date will be _____.

Signature of Program Director: _____

Date (MM/DD/YYYY): _____

Signature of PGME Associate Dean: _____

Date (MM/DD/YYYY): _____