

## Request for Unpaid Leave of Absence Form– PARIM members

### Instructions for Use

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#### FORM DESCRIPTION AND PURPOSE:

**This form is for employment purposes only. For academic LOA's – please refer to the PGME policy and processes. ([http://umanitoba.ca/faculties/health\\_sciences/medicine/education/pgme/policies.html](http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html)).**

The purpose of this form is for PGME Trainees to request authorization for a *Leave of Absence (LOA)*. An LOA is a period of time away from the work place where **no salary** is being received during the leave. LOA requests must be submitted at least **four (4) weeks** prior to the start of the Leave, except in cases of emergency. Please read **Article 12** in your Collective Agreement (<https://www.parim.org/residency/contract/>), the relevant PGME policy ([http://umanitoba.ca/faculties/health\\_sciences/medicine/education/pgme/policies.html](http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html)), and/or appropriate Shared Health HR policies and procedures (<https://policies.sharedhealthmb.ca/human-resources/#10-human-resources-p>).

#### IMPORTANT CONSIDERATION FOR USE OF THIS FORM:

1. This form is for unpaid time away from work for any reason, outside of the 45 paid sick days per academic year provided to PGME PARIM Trainees.
2. Paid sick days and vacation days used by the Trainee are NOT to be included when indicating first day of leave and anticipated return date.
3. To ensure requests are processed in a timely fashion, once Sections 1, 2 and the Trainee Signature are complete - submit the form to [pmao-residents@sharedhealthmb.ca](mailto:pmao-residents@sharedhealthmb.ca), and then continue to obtain the approval signatures.  
  
- Once all approvals are received, please forward final complete form to PMAO at the above noted e-mail address. **PLEASE NOTE:** LOA requests **must** be submitted at least **four (4) weeks** prior to the start of the Leave, except in cases of emergency. If not received four weeks in advance, benefits cannot be continued during the leave.
4. If the dates of the LOA change after the form has been submitted and approved; those changes must be reported and a revised form submitted ASAP.
5. If during an unanticipated illness – it becomes evident that the Trainee is likely to exceed their 45 paid sick day allocation – a Request for LOA should be submitted **immediately** in order to ensure that the Trainee has the opportunity to pre-pay for benefit plans. Once the actual unpaid LOA starts, it is too late to pre-pay coverage - which will result in waiver of benefit plans.
6. Any changes to dates once the form is submitted must be reported, and a revised form submitted.
7. Notwithstanding any of the above, absences of more than 8 days per rotation must be reported to the PGME Office.

#### OTHER:

1. If applicable, notify your Parking Operations office and/or Fitness Centre of your leave, to manage your access and fees.
2. If you have questions about this form, please contact the PMAO Residents Office at (204) 926-1356.

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**PLEASE NOTE:** PARIM Trainees receive 45 paid sick days per academic year, which should be used up prior to using an unpaid LOA for medical purposes.

Date of Request	Employee No
Last Name	First Name

**SECTION 1: REASON FOR LEAVE (CHOOSE ONE)**

First date of Leave <i>(exclusive of paid sick days or vacation days)</i>	Expected Return Date
Last Day Worked	Last Day Paid

**SECTION 2: EMPLOYEE BENEFITS**

After submitting this form, HRSS will calculate benefit prepayments and send you a benefits package to complete. Whether you want to prepay or waive coverage, you must:

1. Review all forms in the benefits package, to fully understand coverage details.
2. Complete all forms in the benefits package.
3. Return the completed benefits package to HRSS, before your LOA start date.

PLEASE NOTE: Once your LOA starts, it is too late to prepay coverage. Failure to return the benefits package before your LOA starts may result in a waiver of benefit plans. If you do not receive the package 2 weeks before your LOA start date or if you have any questions, contact HRSS at HRSharedServices@wrha.mb.ca or (204) 940-8500 (option 5).

**TRAINEE SIGNATURE - By signing below, I am indicating that I understand and acknowledge the LOA requirements as outlined above.**

Trainee Signature	Date
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To ensure requests are processed in a timely fashion, once Sections 1, 2 and the Trainee Signature are complete - submit the form now to PMAO and then continue to obtain the approval signatures.

**SECTION 3: APPROVALS**

PGME PROGRAM/ Department	Phone
Interdepartmental Address	
Comments	

**By signing below, I approve the applicant's request for leave of absence.**

PGME Program Administrator Signature	Date
PGME Program Director Signature	Date
PMAO Signature	Date