



Northern Ontario  
School of Medicine  
École de médecine  
du Nord de l'Ontario  
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## PREGNANCY AND/OR PARENTAL RESIDENT LEAVE OF ABSENCE FORM

**Resident Name:** \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

*As per the [PARO-CAHO Agreement](#), residents must provide four (4) weeks notice prior to the date(s) being requested*

| Workload During Pregnancy  |  |
|----------------------------|--|
| Date of 27 weeks gestation |  |

*As per [Attachment 3 PARO-CAHO Agreement](#)*

| Type of Leave                         | From<br>(Including)<br>MM/DD/YY | To (Including)<br>MM/DD/YY | Total days<br>requested |
|---------------------------------------|---------------------------------|----------------------------|-------------------------|
| Pregnancy Leave                       |                                 |                            |                         |
| Parental Leave                        |                                 |                            |                         |
| Vacation -<br>Consecutive to Leave    |                                 |                            |                         |
| Additional Parental Leave<br>(unpaid) |                                 |                            |                         |
| Other: (please specify)               |                                 |                            |                         |

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Approval

\_\_\_\_\_  
Date

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### ***NOSM Internal Use Only***

|                          | Action                                 | Date |
|--------------------------|--|------|
| <input type="checkbox"/> | Program Received LOA form              |      |
| <input type="checkbox"/> | Clinical Scheduling & Housing Notified |      |
| <input type="checkbox"/> | PGME Office Registration Notification  |      |
| <input type="checkbox"/> | Payroll Notification                   |      |