



**PREGNANCY AND/OR PARENTAL
RESIDENT LEAVE OF ABSENCE FORM**

Resident Name: _____

Program Coordinator: _____

Date Submitted: _____

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

Workload During Pregnancy	
Date of 27 weeks gestation	

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

Resident Signature

Date

Program Approval

Date

NOSM U Internal Use Only

Action	Date (MM/DD/YY)
_____ Program Received LOA form	_____
_____ Clinical Scheduling & Housing Notified	_____
_____ PGME Office Registration Notification	_____
_____ Payroll Notification	_____