



A leave of absence is an approved interruption of training for any reason, and includes: Maternity/Adoption/Parental leave, Sick/Medical leave, Personal leave, Educational leave, and others at the discretion of the Program Director. To request a leave of absence, or an extension of a previously approved leave from residency training, please prepare proper documentation and submit this form to:

- **the Residency Program Director for approval; and**
- **the PGME Office for final review and processing (for leaves longer than five days).**

Whenever possible, request should be submitted with **proper advance notice** to avoid interruption or issues with compensation and benefits (e.g. 4 weeks prior to the planned start of maternity leave).

Section 1: Resident Information

Name:	
Program:	
Training Year:	

Section 2: Leave Information

Start Date of Leave:	
Expected Date of Return:	
Original Start Date (if requesting extension):	
Leave Type:	<input type="checkbox"/> Maternity/Adoption/Parental <input type="checkbox"/> Sick days (if more than five) <input type="checkbox"/> Medical Leave (after the sick days have been used) <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Other (at the discretion of the Program)
	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
If <u>Unpaid</u> Leave of Absence, please select the following:	
First day off pay:	



Resident Leave of Absence Request Form

Benefits coverage :	<input type="checkbox"/> I wish to maintain Dental and Extended Health Benefits and will assume the premiums while on unpaid leave.
	<input type="checkbox"/> I have <u>optional</u> Life and Long Term Disability Insurance (SMA) and will assume the premiums while on unpaid leave.
	<input type="checkbox"/> I have discussed my options with SMA, and I have decided to waive my life and disability insurance and will re-apply for them upon my return. <i>(not recommended)</i>
	<i>If you choose to assume the premiums, please fill out the Pre-authorized Debit Agreement attached to this form. For details on benefits costs and payments please contact Connection Point. For details on your life and long term disability insurance premiums or coverage please contact SMA at insurance@sma.sk.ca.</i>

Section 3: Program Comments and Approval

Last date in program:			
New end of training year date:			
Referral to the PGME Resident Resource Office: <i>(if yes, please provide details):</i>			
Documentation Provided:			
Comments:			
Program Director:			
Signature		Date	



Pre-Authorized Debit (PAD) Agreement

Employee ID:		Date:	
Last Name:		First Name:	
Department:		PAD Category:	Personal

I hereby authorize University of Saskatchewan to debit my bank account on the first business day of the month for the duration of my unpaid leave of absence as per the terms outlined below and pursuant to the account information contained on file with the Payroll department or on the attached void cheque. I understand that these payments will serve to extend existing benefits as per my employment contract for the duration of my unpaid leave.

Notwithstanding this authorization, I understand that the following terms apply:

- 1) I waive my right to receive pre-notification of commencement of the debits to my accounts as long as they are in compliance with the information I have indicated above.
- 2) I waive my right to receive pre-notification of changes to the PAD amount in the event that there is a reduction in the PAD amount. The University of Saskatchewan will provide 10 days written notice to your USASK email if there is an increase to the amount of the PAD. This may include general communications to the campus when annual rate changes occur.
- 3) I understand that I am responsible for the cost of the benefits I selected to continue for the duration of my leave. The decisions made to continue or discontinue my pension and other benefits are final and cannot be changed, including if I extend my leave or take a new leave without returning to work first.
- 4) I may cancel my authorization at any time, subject to providing 10 days notice in writing to connectionpoint@usask.ca. To obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca. I must provide an alternate form of payment with my cancellation. I understand that not providing an alternative may impact my benefits and any outstanding amounts will be deducted from my paycheque upon my return to work.
- 5) I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit payments.ca.

Monthly payments can be taken from the payroll bank account on file. If you would like the funds to come from a different account, you must attach a VOID cheque.

Please select one of the following:

☐ Use bank account on file

☐ Use bank information attached

Employee's signature

Date

This form must be attached to your completed leave of absence form. When applying for a leave of absence, both forms are submitted to ConnectionPoint by your department for processing.
Questions? Please contact ConnectionPoint at 306-966-2000 for assistance.

FOR OFFICE USE ONLY

Bank ID:

Branch ID:

Account Number:

Date received:

Received By:

Entered in RBC Express:



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Resident Leave of Absence Request Form

Please send all documents and required information (via email) to:

Ms. Chastin Miller

PGME Office, College of Medicine, University of Saskatchewan

Phone: 306-966-5557 Email: chastin.miller@usask.ca