

Request for a Leave of Absence

As a member of the medical staff(s) of BC Women's Hospital (PHSA) and/or Providence Health Care, St. Paul's Hospital (VCH), I, _____, am requesting a Leave of Absence
(print name)

effective _____ to _____.
(start date) (end date)

As a medical staff member, I acknowledge my responsibility to be in compliance with the respective Medical Staff Bylaws, and so will be registered with the CMBC, have liability insurance coverage, and be able to work up until the start date of my LOA, and again the day after my LOA ends.

Signed:

Member signature

date

Approved:

Dept Head/Assistant Head

date