

Title:	REQUESTS FOR LEAVE	No.: AMD.4.20.10
Section:	4. Human Resources	Effective date: 2017-02-10
Issued by:	MAC	Date of last revision: 2012-05-01
Approved by: (signed by)	VP Medical Services, Training and Research, Dre France Desrosiers	Date approved / signed: 2017-01-31
Facility / Program:	<input checked="" type="checkbox"/> Vitalité Zone: <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

PURPOSE

To maintain salaried physicians' leave banks up-to-date.

POLICY

1. All requests for leave (vacation leave, unpaid leave, prorated leave, continuing medical education leave, unpaid sick leave, or advance sick leave) are approved by the Department/Division/Service Head and Medical Director of the zone and the Community Health Centre (CHC) Director, as applicable.
2. Any absence due to illness must be communicated to the Medical Services Office and to the Administrative Office of the CHC, as applicable, as soon as possible.
3. Vacation is accumulated and calculated from July 1 to June 30. Vacation must be taken and cannot be transferred to another year, except under exceptional circumstances. A request to transfer a vacation bank over to another year requires approval from the Department/Division/Service Head, Medical Director, or Community Health Centre Director, as applicable.

PROCEDURE

1. The physician completes the [Leave Request](#) form and submits it to his or her Department/Division/Service Head or CHC Director, as applicable.
2. The Department/Division/Service Head or CHC Director evaluates the situation and decides whether the request can be approved based on the Department/Division/Service's operational needs. He signs the form.

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3. The duly completed form is sent to the Medical Director's office for approval, where applicable.
 - 3.1 In the case of unpaid sick leave or advance sick leave, send a copy of the "Leave Request" form to Payroll.
4. The Medical Director of the zone or the Director of the CHC approves annual vacation credits as well as the transfer of vacation credits to another year. They sign the form at the "Manager's Supervisor" line. They communicate this information to the Chairs of the CC, LMAC, and MAC.
5. A copy is sent to the Human Resources Office and a copy is placed in the physician's file.

Supersedes:	Zone 1: _____	Zone 5: _____
	Zone 4: _____	Zone 6: _____