

Intent to Apply for Paid Medical, Parental and Caregiver Leave

This document must be supplied to your Program Director and the Central GME office

Resident/fellow name: _____

Program name: _____

Date submitted: _____

By submitting this request, I would like to initiate the application process for utilization of the Paid Medical, Parental, and Caregiver Leave (PMPC) benefit as outlined in the House Staff Handbook.

I am requesting: parental; medical; or caregiver leave starting at or about _____ (date) for approximately _____ days.

I understand that my first responsibility in the PMPC approval process is applying for Family, Medical Leave (FML) by calling the **FML intake line at (304) 388-3924**. Once my FML request has been submitted, I understand I will hear back from a member of the CAMC HR team or GME about my next step in the approval process.