



LEAVE OF ABSENCE REQUEST FORM

Bylaws Section 5.12

A Medical Staff member may be granted a leave of absence with the approval of the Executive Committee when circumstances such as prolonged illness, military service, absence for advanced study, or other reasons that prevent the member from practicing in the community for a period of up to two (2) years. In the discretion of the Executive Committee, unless accompanied by a reportable restriction of Privileges, the leave shall be deemed a “medical leave” or “administrative leave” (depending upon the circumstances) which is not granted for a medical disciplinary cause or reason.

1. Leave of absence status waives dues and other obligations of membership. Such members may not admit patients, vote or hold office.
2. If the Practitioner initially requested a leave of absence for less than 24 months, the Practitioner may submit a request for an extension of the leave of absence provided that the extension does not exceed the current appointment term and the request is submitted to the Medical Staff Department at least 90 days prior to the expiration of the approved leave of absence.
3. Reappointment During Leave of Absence: In the event the Practitioner’s reappointment is due to expire during the leave of absence, the Practitioner is obligated to complete the reappointment process; otherwise, membership shall automatically terminate at the end of the current appointment.
4. Request for Reinstatement: A member on a leave of absence may request reinstatement to the former Medical Staff category by written application to the Medical Staff Department no later than 90 days prior to the end of the leave of absence. In the event the leave was for medical or mental health reasons, a medical or mental health clearance will be required, as applicable.

Failure, without good cause, to request reinstatement on a timely basis shall be deemed a voluntary resignation from the Medical Staff and shall result in an automatic termination of membership, privileges, and prerogatives upon expiration of the leave of absence. A request for Medical Staff membership subsequently received from a member so terminated shall be submitted and processed in the manner for applications for initial appointments.



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Provider Information

First Name: _____ Last Name: _____ Degree: _____
 Department: _____ Specialty: _____
 Personal Email: _____ Cell Phone: _____

Leave of Absence Information

Date Leave Started: _____ Requested Reinstatement Date: _____
 Request Type: _____ Leave of Absence Type: _____

Additional Information:

Attestation

I, _____ have read and understand and shall abide by the requirements set forth in the Medical Staff Bylaws, Section 5.12, as it pertains to Leave of Absence. I also attest to cover all my medical staff membership responsibilities while I am on leave, such as maintaining continuous malpractice liability coverage, making on-call coverage arrangements, appointing a designee to be cross-coverage for other providers, complete all medical record documentation prior to the date my LOA begins, and if my reappointment is due while on leave, I shall submit all required information within the expected timeframe.

 Provider Signature

 Date

PLEASE COMPLETE AND RETURN THIS FORM TO THE MEDICAL STAFF OFFICE