Medical Affairs, Credentialing & Privileging Office
Fraser Health Authority
#400, 13450 – 102 Avenue Surrey, BC V3T 0H1
Fax: (604) 523-8874 credentials.office@fraserhealth.ca

LEAVE OF ABSENCE REQUEST

Instructions:

1. This form is required for any Medical Staff member taking a leave over 90 days, up to 12 consecutive months
2. **Submit completed form to your Local Department Head directly.**
3. Local Department Head will submit the form to the Medical Affairs office via fax or email (as above).

Name:	Primary Email while on Leave:

LEAVE REQUEST DETAILS		
Primary Site:	Primary Regional Department:	Primary Regional Division: *(if applicable)*
Leave Type: ☐ Educational ☐ Maternity ☐ Personal ☐ Medical ☐ Other	Dates Requested: From:	To:
Provide details for the request: *(include information if Locum coverage has been arranged)* Will you be maintaining your License while on leave, or temporarily inactivating it?		

Applicant Signature _____ Date _____

APPROVAL

By signing below, I am indicating approval for the Leave of Absence request as detailed above.

Local Department Head

Department _____ Leader Name _____ Signature _____ Date _____

EXTENSION DETAILS *(Only applicable if requesting an extension to a current/approved LOA)*	
Provide details for the EXTENSION:	Dates of Extension: From: To:
	Applicant Signature for EXTENSION _____ Date _____