

TORONTO HOSPITALS':

**POSTGRADUATE
PAYROLL
ASSOCIATION**

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NOTICE OF LEAVE FORM

- PAID SICK LEAVE
- PAID COMPASSIONATE LEAVE
- MATERNITY LEAVE
- PARENTAL LEAVE
- UNPAID LEAVE

TO: TORONTO HOSPITALS': POSTGRADUATE PAYROLL ASSOCIATION

FROM: _____ DEPT: _____ PROGRAM: _____

DATE: _____ TEL. NO: _____

RESIDENT NAME: _____ TRAINING LEVEL: _____

LAST DAY OF WORK	OFFICIAL START DATE OF LEAVE	LAST DAY OF LEAVE	OFFICIAL DATE OF RETURN

NAME: _____
PROGRAMME DIRECTOR

SIGNATURE: _____
PROGRAMME DIRECTOR

PRECISE INFORMATION IS NEEDED FOR THE PROPER PROCESSING OF PAYROLL AND UIC DOCUMENTS. PLEASE SUBMIT INFORMATION ONE MONTH IN ADVANCE.NB: THIS IS THE ONLY FORMAT ACCEPTABLE BY THIS OFFICE

Revised: Dec. 2009