Medical Affairs, Credentialing & Privileging Operations
Provincial health Services Authority
#200, 1333 West Broadway, Vancouver, BC V6H 1G9
Tel: (604) 829-2633 Fax: (604) 297-9902 credentialing@phsa.ca

NOTIFICATION OF LEAVE OF ABSENCE

Name:
Primary Email while on Leave:

LICENSURE INFORMATION		
BC College License #::	License Type:	Will you be maintaining your License while on Leave? ☐ Yes ☐ No - Details:

APPLICATION DETAILS		
PHSA Agency:	Department:	Division:
Leave Type: ☐ Educational ☐ Maternity/ Parental ☐ Personal ☐ Medical ☐ Other	Dates Requested: From:	To:
Provide details for the request:		

Applicant Signature _____ Date _____

Note:

1. This form is for any Medical Staff who will be taking a leave over 30 days for a continuous period of no longer than twelve consecutive months, unless the member is an employee of the health authority in which case leave is governed by the applicable legislation (Bylaws s.4.7.1).
2. This is form is a notice, and not an approval for the Departmental Leave, so is not connected to your pay/benefits etc
3. **Submit a copy of completed form to your Division / Department head directly.**
4. Department will submit the form to the PHSA Credentialing & Privileging office: Fax: (604) 297-9902 or credentialing@phsa.ca

APPROVAL

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

Division Head	Division	Leader Name	Signature	Date
Department Head / Medical Director	Department	Leader Name	Signature	Date

Sr. Med Admin APPROVAL only required if initial request is for more than 12 months or an extension to a current LOA beyond 12 months.

VP Medicine / CMO/ Sr. Med Admin	Agency	Leader Name	Signature	Date