

**PERSONNEL ACTION FORM for Residents
UCSF Fresno Medical Education Program**

(Fill-in boxes expand to accommodate entry)

Resident Name:

UC ID #: 02 -

PROGRAM:

REASON FOR ACTION

PG Status	From PG	To PG	Effective
	Contract Dates	From	To

Chief Resident Assignment:	Co-Chief Resident Assignment:
From	To

Separation (last day on payroll)	Reason for separation
Explanation	

For separations answer the following questions (1,2,3):

- 1) Resident successfully completed training and should receive a certificate: Yes No
 - 2) Resident name EXACTLY as it should appear on certificate (confirm with resident). Include degrees (MD, DO, PhD, MPH, etc)
- | | | | | |
|------|------|-----|-------|-------|
| M.D. | D.O. | MPH | Ph.D. | Other |
|------|------|-----|-------|-------|
- 3) Resident should appear on Graduation program for ceremony in June of current academic year: Yes No

Leave of absence:	First day of leave	Last day of leave
Reason for leave		Actual return to duty
Explain if reason unlisted above		

FOR LEAVES OF ABSENCE ONLY please detail use of AVAILABLE LEAVE:

Sick time available at start of leave:	
Sick leave to be used:	
Sick leave balance upon return:	
Vacation time available at start of leave:	
Vacation to be used:	
Vacation balance upon return:	
Educational time available at start of leave:	
Educational leave to be used:	
Educational balance upon return:	

NOTE: Leave(s) of absence may require completion of additional paperwork for FMLA, disability, etc. If leave is extended beyond anticipated return date (or shortened for any reason), please complete another form and submit to Office of Medical Education as soon as possible. Please also recalculate leave time balances as appropriate.

Signature of Preparer:

Signature of Program Director:

_____ Date: _____

_____ Date: _____

Send signed original to Office of Medical Education for processing. OME receipt: _____