

SECTION D – LONG TERM LEAVE

I, _____ (“Physician Name”) declare that I have been on long term leave (as per YMA internal policy) during this fiscal year.

For this fiscal year, I have been on Long Term Leave from _____ (enter date dd/mm/yy) to _____ (enter date dd/mm/yy).

For this fiscal year, I have been working from _____ (enter date) to _____ (enter date) .

I am applying to the Attachment and Attraction Program on behalf of myself and my locums during my leave.

For the purpose of this program, I am applying as:

- An individual Physician, or
- A part of a Practice Share with _____ (Name of practice share physician), OR
- A part of a Service, _____ (Name of Service)

As per section 12.5(3)(d), I agree to apply the fund it its entirety towards the locum’s overhead.

If applying as an Individual, please complete the above and return with a completed Section A.

If applying as a Shared Practice, please complete the above and return with a completed Section B.

If applying as a part of a Service, please complete the above and return with a completed Section C.

I have read and understand the description of the Attachment and Attraction program and agree to abide by all requirements contained therein.

Name: _____ (please print)

Signature: _____

Date: _____

Completed applications must be submitted by mail or email to the following address. (We do not use fax)

Fund Manager, Yukon Medical Association 5 Hospital Road, Whitehorse, YT Y1A 3H7 funds@yukondoctors.ca

Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from www.yukondoctors.ca