



Confirmation Of Extended Absence from Work

Maternity Leave / Sick Leave / Carers Leave / Parental Leave / Bereavement Leave / Adoptive Leave

Please complete the below form and return to the PCS office(pcs@rcsi.ie)

PERSONAL DETAILS

Name in Full

IMC number

DETAILS

Type of Leave (please tick below)

Maternity Leave :

Sick Leave:

Date From:

Date To:

SIGNATURE

Signed: _____

Please note you may be required by the Medical Council to produce documentation supporting your absence from practice if you are selected for a Maintenance of Professional Competence Audit