



SUBJECT Resident Leave of Absence	POLICY NUMBER 300.011	PAGE 1 of 4
SOURCE Academic Affairs – Administration	ORIGINATION OR LAST REVISION DATE 12/18/07	EFFECTIVE DATE 3/11/05

I. POLICY

It is the policy of the Department of Academic Affairs to grant a Leave-of Absence to its full-time employed residents in accordance with the Federal Family and Medical Leave Act of 1993 for their own serious health condition or the residents family member with a serious health condition or for personal reasons in support of the philosophy of the Sisters of Mercy.

II. PURPOSE

To support residents who are eligible for a Family and Medical Leave or require a personal Leave-of-Absence.

III. PROCEDURE/RESPONSIBILITIES

A. Resident shall:

1. Contact the Department of Academic Affairs and Program Director as soon as a Leave-of-Absence is anticipated or becomes necessary.
2. Submit a Request for Leave-of-Absence form at least 30 days before the date on which the leave is to begin. LOA Request form to be filled out by the resident and given to academic chairman for approval and sent to HR. The resident must provide certification of a serious health condition of the resident or the resident's family member by having their health care provider complete the certification of health care provider form WH-380. The completed certification of healthcare provider form should be sent directly to Human Resources within (15) days of requesting the FML.

B. Program Director shall:

1. Determine when and how resident shall make up additional training time in order to meet specific program and specialty board requirements, if necessary.
2. Revise resident's training schedule, if necessary.
3. Submit approved Request for Leave-of-Absence to the Department of Academic Affairs.



C. Department of Academic Affairs shall:

1. Notify Human Resources of the resident's Leave-of-Absence. Determine whether funds are available to continue the resident's salary during additional training time, if necessary.
2. Coordinate the completion and submission of the online LOA form.

Leaves-of Absence may be requested for the following reasons:

III. FAMILY/MEDICAL

- A. Under the Family and Medical Leave Act of 1993, eligible residents are entitled to receive up to 12 work weeks of unpaid leave during any 12-month period due to the birth of a child or the placement of a child or to care for an immediate family member with a serious health condition, or the resident's own serious health condition.
- B. If the request is for maternity or the resident's own serious health condition, resident is eligible to receive up to 6 of these 12 weeks off with pay. Up to three of these weeks, however, has to be used from the Resident's vacation time. Resident is not eligible for continuation of pay beyond the 6 weeks, but health benefits may be continued for the full 12 weeks if resident agrees and arranges with Human Resources to pay the biweekly premiums for health coverage.
- C. If the request is for eligible reasons other than maternity or the resident's own serious health condition, resident is not eligible for continuation of pay, but health benefits may be continued for the full 12 weeks if resident agrees and arranges with Human Resources to pay the biweekly premiums for health coverage.

IV. Return to work

- V. Residents requesting a Leave-of-Absence for personal or professional reasons must use any unused vacation time and are not eligible for continuation of pay beyond the vacation time, but health benefits may be continued if resident agrees and arranges with Human resources to pay COBRA premiums for health coverage.

What about 1st year resident ? Not eligible for FML

Add Disclaimer: This policy is not all inclusive and is superceded by Human Resources #50701 FML

Include LOA Request form & Return to work authorization



I. To be completed by Resident:

Resident's Name:

Resident's Program: _____ PGY-Level _____

Dates of requesting Leave-of-Absence: From: _____ Through:

Types of Leave is being requested for:

_____ Military _____ Personal _____ Family Medical Leave

_____ Continuous _____ Intermittent _____ Reduced Schedule

1. _____ **Family/Medical Reasons** (Medical Certification must be provided)

_____ Birth of Child/Placement of Child

_____ Serious Health Condition of Employee

_____ Serious Health Condition of spouse, child, or family member

II. To be completed by Program Director:

1. Requested Leave-of-Absence is approved for the reason indicated above:

___ Yes

___ No

2. How has training schedule been revised in order for Resident to meet specific training _____ program and specialty board requirements:

2. Has Resident received a revised training schedule:

___ Yes

___ No



3. If additional training time is required, please indicate anticipated completion date of Resident's:

A. Current Program Year: _____

B. Overall Residency Period: _____

Program Director's Signature

Date

III. To be completed by Department of Academic Affairs:

1. Human Resources was notified on: _____

2. Additional training time of _____ month(s) will be funded by the Department of Academic Affairs: Yes ___ No

Signature of Director of Academic Affairs

Date

REVIEWED AND IN COMPLIANCE WITH:	DATE
ACGME	12/18/07
CHW	12/18/07
JC	12/18/07
RISK/LEGAL	12/18/07
HUMAN RESOURCES	12/18/07
REVISED	
APPROVED BY	
POLICY/PROCEDURE COMMITTEE	12/18/07
GMEC COMMITTEE	