

	VACATION AND LEAVES OF ABSENCE POLICY
TITLE: DHR Health Graduate Medical Education Institutional Policy – Vacation and Leaves of Absence	IR IV.H.1.- IV.H.1.g)
DEPARTMENT: Graduate Medical Education Department	PAGES 5
APPROVED BY: DHR GME Committee (GMEC)	INITIAL EFFECTIVE DATE: 07/01/2023
REFERENCE: ACGME Institutional Requirements (ACGME – approved focused revision: September 26, 2021; effective July 1, 2022)	REVIEWED/REVISED: 10/12/2020; 2/27/2023; 5/23/2024

PURPOSE

The purpose of this Leave Policy is to set forth policies and procedures governing leave for residents and fellows (individually, a “resident” or collectively “residents”) participating in graduate medical education (GME) programs sponsored by DHR Health. This policy extends to residents and fellows participating in ACGME-accredited or non-standard Programs, as well as extra chief year residents (individually, a “resident” or collectively “residents”).

REFERENCE

The Sponsoring Institution must have a vacation and other levels of absence policy, which, among other requirements, provides residents participating in ACGME-accredited programs with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report.

A Sponsoring Institution’s vacation and other leaves of absence policy must also ensure that each of its ACGME-accredited Programs provides its residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the Program and upon a resident’s eligibility to participate in examinations by the relevant certifying board(s). The policy must include additional components outlined in Section IV.H.1.a-g of the ACGME Institutional Requirements.

POLICY

I. General

Residents/fellows shall be entitled to annual leave, sick leave, medical leave, parental leave, and caregiver leave as described in this policy, subject to the conditions or qualifications for leave.

All Programs are required to comply with this policy and shall have policies consistent with ACGME requirements that allow a resident unable to perform patient care and/or training responsibilities to take an appropriate leave of absence.

All leave must be approved in writing in advance of leave being taken, per each residency/fellowship program’s protocol.

All Programs must use New Innovations and DHR Health's *Infor* software to track residents' annual, sick, and educational leave time, including residents' leave submissions and approvals. Leave is available to be taken starting the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). [ACGME IR IV.H.1.e]

The DHR Health GME Vacation and Leaves of Absence policy will be available for review by residents at all times. The policy can be found in DHR Health's Policy Manager as well as in New Innovations. [ACGME IR IV.H.1.f]

II. Annual Leave

Paid annual leave consists of a maximum of fifteen (15) "working days" (Monday-Friday) given per twelve months. Annual leave is granted at the discretion of the Program Director and must be approved, in writing, by the Program Director (or his/her designee) in advance.

Annual leave must be used for any time away from the Program not explicitly covered by other leave benefits below. Residents may use annual leave for interview days. Annual leave does not carry over from year to year, and residents are not paid for unused annual leave. Residents terminating before the end of their training year will be paid only through their final active working day and will not be paid for unused annual leave.

III. Sick Leave

Residents are allotted twelve (12) "working days" (Monday-Friday) of paid sick leave per twelve-month period for absences due to personal or family (spouse, child, or parent) illness or injury. A physician's statement of illness or injury may be required for absences of more than three (3) consecutive days or excessive days throughout the year. Sick leave is non-cumulative from year to year. Residents are not paid for unused sick leave. Under certain circumstances, additional sick leave without pay may be approved. The resident may be required to make up any time missed in accordance with Program and Board eligibility requirements.

IV. Family and Medical Leave

In accordance with the Family Medical Leave Act of 1993, all residents are eligible for paid leave upon the birth or adoption of a child. This leave can be up to twelve (12) weeks in duration. A Program Director may require that the resident use any accumulated sick leave and vacation leave to cover a portion of these 12 weeks, if consistent with accreditation and certification guidelines. Residents must notify their Program Director of their desire to avail themselves of this maternity, paternity, or adoption leave benefit. Although the leave benefits of the Family and Medical Leave Act of 1993 by law apply to individuals whom an entity has employed for at least twelve months, it is the policy of DHR Health that these leave benefits are available as provided by the Act for all residents/fellows, from the initiation of their residency training in programs sponsored by DHR Health.

Resident couples must take particular care when both members are in programs sponsored by DHR Health to inform prospective Program Directors of their desire to avail themselves of their entitlement to maternity, paternity, or adoption leave. In this case, timely notification by the couples to their respective Program Directors is essential to allow appropriate planning for the leave by the residency programs. All residents

are eligible for unpaid family leave to care for seriously ill family members (child, spouse, or parent) in accordance with the FMLA.

DHR Health's Human Resources ("HR") office has administrative oversight for the FML program. The Program Coordinator or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with the GME Office and the Program Coordinator or Program Director to approve or disapprove a resident's request for FML leave.

V. **Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave**

Each resident/fellow will be provided with six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). [ACGME IR IV.H.1.a]

A resident/fellow is provided with at least the equivalent of one hundred percent (100%) of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. [ACGME IR IV.H.1.b)]

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave of absence shall continue on the same terms and conditions as if the resident was not on leave. [ACGME IR IV.H.1.d]

- A. **Parental Leave**: Paid parental leave is available to a resident for the birth or adoption of a child. Each resident in an ACGME or non-standard Program is eligible for six (6) weeks (42 calendar days) of paid parental leave once during the Program. A resident's six (6) weeks of paid parental leave is available in addition to annual sick leave, and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave is part of the same six-week benefit, not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second eligibility period if a resident continues to another Program. However, parental leave does not accumulate if unused by a resident during a Program (i.e. for a total of 12 weeks of paid parental leave). If a resident uses the total six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off.

All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leaves that are less than a two-week block period must be approved by the Designated Institutional Official. If both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit.

The resident and Program Director must discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

- B. **Resident Medical:** Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) weeks (42 calendar days) leave available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues in a different training Program, but the paid time off for medical or caregiver leave only accumulates if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leaves that are less than a two-week block period must be approved in advance by the Designated Institutional Official.
- C. **Caregiver Leave:** Caregiver leave is available for any resident who needs to take time off to care for a parent, spouse, or child. This additional six (6) weeks (42 calendar days) leave available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program, but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leaves that are less than a two-week block period must be approved in advance by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.
- D. **Reserved Time Off:** Residents/fellows will be provided with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken. [ACGME IR IV.H.c]

VI. Educational Leave

Educational leave is granted at the discretion of the Program Director but may not exceed ten (10) calendar days per twelve-month period. Residents should be advised that some Medical Boards count educational leave as time away from training and may require an extension of their training dates. Interviews are not considered educational leave.

VII. Impact of Leave of Absence

Residents should be aware that graduation from residency and Board certification depends on the completion of a specified amount of training. Each program must provide information regarding the specific training requirements for the program. If cumulative absences for maternity, paternity, adoption or medical leave to care for a seriously ill family member negatively impact the number of months of training for a resident with respect to the number of months required to satisfy the criteria for completion of a residency or fellowship program, the Program Director must assess the resident's ability to fulfill his/her residency educational obligations and may require additional training time. Individual residency review committee

(RRC) and/or specialty board criteria for satisfactory completion of each residency program will determine the amount of additional training required because of leaves of absence. [ACGME IR IV.H.1.g]

- A. **General Impact of Leave:** An extended absence, for any reason, may prevent a resident from fulfilling the requirements for participation in educational and scholarly activities and achieving the residency/fellowship responsibilities as further described in the DHR Health GME Agreement of Appointment. Generally, leave(s) of absence will be granted for a maximum of six (6) months.

Residents are subject to termination upon:

- a. Exhaustion of all available annual leave, sick leave and other approved or statutory leave; or
- b. Failure to return to work as scheduled at the end of the authorized or statutory leave.

An absence is charged against any accrued annual, sick, or other available approved unpaid leave program. If all such paid and unpaid leaves are exhausted, the absence will be unexcused and the resident will be subject to dismissal for job abandonment. Programs and residents are advised that:

- Residency positions will be protected during the period of approved FML or as required by law.
- An unpaid leave of absence may affect a resident's visa status.
- A leave of absence may require extension of training to meet Program or Board eligibility criteria.

- B. **Compliance with Board Requirements for Absence from Training:** It is the responsibility of the Program Director to verify the effect any absence from training will have on a resident's ability to finish on time and meet ACGME Review Committee and Board eligibility requirements. All approved training extensions necessary to meet Board eligibility are paid with full benefits. [ACGME IR IV.H.1.g]

Board certification eligibility information is provided to residents by each Program and can also be accessed through the American Board of Medical Specialties.

- C. **Consequences of Unapproved Leave:** Failure to comply with leave policies, including obtaining written prior approval, may result in leave without pay and may be reflected in the resident's final summative evaluation as a professionalism issue.