

	Name of Policy: Leaves of Absence	
	Approval Date: March 18, 2022	Effective Date: July 1, 2022

I. Preamble

The goals of this leave policy are to provide an overview of:

- the types of leave available to residents;
- the allowable parameters for taking time away from the training program;
- the process required for submitting and approving requests for leave.

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program

Using the institutional guidelines set forth in this policy, each program must have a program specific leave of absence policy based on the specific parameters established by the specialty Board and in accordance with the employing Affiliated Hospital(s) Each year, GMEC will review programs’ implementation of Leaves of Absence policies.

Residency initial employment and renewal agreements are typically for a maximum of one year. If the physician appointment is terminated in the middle of the year, the leave the resident has available will be pro-rated by month. Residents who leave mid-contract will not have access to all three (3) weeks of vacation. The resident shall not be entitled to accumulate unused vacation, educational, job search, or bereavement leave from one period of appointment to the next. Nor shall the resident be entitled to any allowance or compensation for such leave not used during the contract period in which it is earned.

II. Additional Time to Complete Training

If any specialty Board requirements for time away from training are more stringent than the leave time outlined in this policy, then the respective Board requirements shall govern and supersede these. In the event that the resident accumulates a total of more than the maximum allowable days of absence from the training program (including vacation, sick, parental, caregiver, medical, educational, bereavement, job search, military, suspension [with or without pay] or other absence), the resident shall be notified in writing by the Program Director as to whether such absence necessitates extension of training in order to fulfill the requirements of the Residency Program and specialty Board. Such notification shall be provided to the resident prior to any planned leave (or at the earliest practicable time after any unplanned leave) which causes the resident to exceed this limit of absence from the training program.

III. Types of Leave

This policy provides all SIU School of Medicine residents with vacation, sick leave, family and medical leave, parental leave, educational leave, bereavement leave, job search leave, and military leave; as outlined below. The number of days in one (1) week of leave time will be determined by the respective residency program in their program policy. For example, an ambulatory based program such as Dermatology may define a week as five (5) days (Monday – Friday), which would provide a total of 15 days for “3 weeks” of vacation. An inpatient based program such as Internal Medicine may define a week as seven (7) days (includes Saturday and Sunday), which would provide a total of 21 days for “3 weeks” of vacation.

VACATION

The resident may be permitted to take up to three (3) weeks per year of paid vacation leave. Use of vacation leave shall be subject to approval in advance by the Program Director. In determining whether to grant the resident's request for vacation, the Program Director may take into consideration patient care and the operational needs of the training program. The resident shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by the requested vacation; such arrangements shall be coordinated by the chief resident and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the resident begins vacation.

Residents who leave the country for vacation or other reasons and are then unable to return to the United States are at risk of not having their position held beyond the approved vacation time granted by the Program Director, at the sole discretion of the Program Director and the employing Affiliated Hospital.

SICK LEAVE

The resident will be afforded up to two (2) weeks per year of paid sick leave. Unless specifically proscribed by the employing Affiliated Hospital*, if the resident is successful in being reappointed to the training program, sick leave may be accumulated and carried to successive appointment years. Sick days shall be documented by the program coordinator and an up to date report of the number of sick days used by the resident shall be available from the training program and/or the Office of Graduate Medical Education (OGME). All paid sick leave not taken is forfeited and is not compensated upon termination of the resident's contract.

**Alton Family & Community Medicine: Please refer to program specific policy & procedures.*

PARENTAL, CAREGIVER OR MEDICAL LEAVE

The resident may be permitted to take up to twelve (12) weeks per year of family and medical leave (includes paid and unpaid leave) in accordance with the Family and Medical Leave Act (FMLA) of 1993, state law, and the policies of the employing Affiliated Hospital. Should the reason for leave meet eligibility under FMLA, paid leave will run concurrently with FML. A year is calculated from the date of first FMLA leave usage measured forward twelve (12) months.

Parental, Caregiver or Medical Leave (PCML) will be granted upon request to all residents (including birth and non-birth parents) for the birth of a child or placement of a child with the resident for adoption or foster care ("parental leave"); care of an immediate family member with a serious health condition ("caregiver leave"); or the resident's own serious health condition ("medical leave"). At least once during the duration of the training program the resident will be afforded a minimum of six (6) weeks of paid time away from training for purposes of PCML, while preserving at least one (1) week of additional paid time away from training, without extending training, in accordance with the existing policies of the employing Affiliated Hospital and the individual specialty Board requirements. PCML will be available to the resident on the first day of their employment contract or term of appointment. The PCMLs described below pertain to an initial PCML, and then any subsequent requests during training in the same program.

Initial Parental, Caregiver or Medical Leave: A minimum of six (6) weeks of an initial PCML will be paid by using any combination of eligible sick leave (including that accrued from previous years) and vacation leave (up to two (2) weeks), while preserving at least one (1) week of sick or vacation. A resident requesting PCML is required to apply this eligible paid leave before entering unpaid leave. If a resident does not have sufficient sick and vacation leave to total seven (7) weeks (six (6) weeks of paid leave and one (1) additional

week preserved), the resident may borrow against sick leave for future training years. If the resident does not have sufficient time left in the program to accumulate repayment of the borrowed sick days, the sick leave debt will be forgiven. If a resident has accumulated sick leave beyond that needed to reach the seven (7) week minimum, this may be applied to extend the paid leave beyond six (6) weeks. Once available sick and vacation leave is exhausted (with one (1) week preserved), the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per year under the FMLA. Health insurance and other benefits will be continued during a PCML, as long as the resident continues to pay their portion of the health insurance premium. If on unpaid leave, this could mean that the resident needs to pay their share of the premium out of pocket (versus payroll deduction).

Subsequent Parental, Caregiver or Medical Leaves: Subsequent PCMLs will be paid by using any combination of eligible available or accumulated sick leave and vacation leave (up to two (2) weeks), preserving one (1) week. Once eligible sick and vacation leave is exhausted (with one (1) week preserved), the resident may be permitted to take additional time off without pay up to a total of twelve (12) weeks of leave per year under the FMLA. Health insurance and other benefits will be continued during a PCML, as long as the resident continues to pay their portion of the health insurance premium. If on unpaid leave, this could mean that the resident needs to pay their share of the premium out of pocket (versus payroll deduction).

A PCML can be for a continuous or intermittent leave of absence based upon operational needs. Continuous leave is defined as uninterrupted time away from the training program. Intermittent leave is defined as sporadic time away versus full time participation in the training program, this might include participation in the training program with reduced work hours.

The resident should notify the Program Director as soon as possible regarding the need for PCML. The resident and Program Director should develop a plan regarding timing and duration of PCML. If PCML is requested for more than twelve (12) weeks, approval for return to the training program will be at the discretion of the Program Director. Residents will be notified when supporting medical documentation is required and where to present medical documentation for parental, caregiver or medical leave after such leave is requested.

The Program Director will provide the resident 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 projected eligibility to participate in examinations by the specialty Board. Decisions regarding the impact of a PCML on projected time of program completion will be based on the length of time away from training, requirements of the individual specialty Board, and the determination of the program's Clinical Competency Committee regarding achievement of Competencies, Milestones, and readiness for autonomous practice. Leave which exceeds that period of time defined by the resident's specialty Board as a leave of absence for which time need not be made up, must be made up via an extension of training. Upon return to work the resident will be reinstated without loss of training status, provided that their return is on the date previously approved by the Program Director. In those cases where a resident must make up time missed in order to fulfill Board requirements, the resident will be paid for days worked and the institution will continue benefit coverage during the extension of training. Schedule accommodations will meet the needs of the resident and the program (including other residents) so that special requirements of that discipline are met.

EDUCATIONAL LEAVE

The resident may be permitted to take up to one (1) week per contract year of paid educational leave at the discretion of the Program Director. Use of educational leave shall be subject to approval in advance by the Program Director. In determining whether to grant the resident's request for educational leave, the Program Director may take into consideration patient care, the operational needs of the residency program and the educational value to the resident of the requested educational leave. The resident shall be responsible for arranging appropriate coverage of patient care and other obligations as necessitated by requested educational leave, such arrangements shall be coordinated by the chief resident and the Program Director. Delinquent medical records, time records, logs and evaluations must be made current before the resident begins educational leave.

BEREAVEMENT

The resident may be permitted to take up to three (3) calendar days per contract year of paid bereavement leave for a member of their immediate family, subject to approval in advance by the Program Director. For these purposes, the immediate family is defined as spouse or significant other, child, parent, sibling, grandparent, grandchild, and corresponding in-laws.

JOB SEARCH

Successful career placement of the resident is a goal of the training program. The Program Director may grant up to six (6) calendar days total during the last two years of training for this purpose, using prudent discretion. If approved by the specialty Board, this time may be counted as work days when tabulating days for credit.

MILITARY LEAVE

All Affiliated Hospitals have current policies regarding military leave for their employees which preserve the employee's position and coordinate benefits, such as health insurance. In the event that it becomes necessary for a resident to be called into active duty, the policy of the employing hospital will become effective. It will be the responsibility of the resident to work with the appropriate employing Affiliated Hospital to ensure that the necessary paperwork is completed before the resident leaves for duty.

IV. Submitting and approving requests for leave

The procedure for requests for leave shall be defined by institutional protocols and the individual program specific leave policies. All requests must be approved by the resident's Program Director or their designee. If any days off for a resident exceeds two (2) weeks in duration, an institutional Request for Extended Leave of Absence Form must be submitted to OGME by the program once the Program Director approves the absence. This assists the institution in tracking absences that may lead to an extension of training and/or may be reportable to the Illinois Department of Financial and Professional Regulations, as required by law.