Policy Statement

Residents appointed to the University of South Florida and Affiliated Hospitals Training Program on a 12-month basis and who are part of the Common Pay Source shall be entitled to leave according to the provisions outlined in this policy, the Housestaff Handbook and House Officer Contract.

Most training programs have specified requirements for the number of weeks of training completed per year and over the course of the residency. Leave, including annual leave and sick leave, described below and in the Housestaff Handbook are within the current requirements of all certifying agencies. Individuals anticipating the need to request additional leave, compensated or uncompensated, should discuss the impact on their Program completion prior to commencing the additional leave.

Leaves of Absence include Military Leaves, Parental Leaves, Personal Medical Leaves, and Family Medical Leaves. Personal leaves of absence for other purposes may be granted at the discretion of the Program Director. *Leaves of absence may extend the duration of training as specified by the American Board of Medical Specialties (ABMS).* The Program Director retains final authority in determining whether individual residents or fellows have met the training criteria. Individuals are not automatically guaranteed re-entry into the training program following leaves of absence and should discuss future arrangements with their Program Director prior to commencing a leave of absence as it may impact completion of the residency program.

A written request (See Attached Leave of Absence Request Form) for any leave other than unexpected sick leave must be submitted to the Program Director prior to commencement of a leave. Absence of any resident from assigned duty will be reported promptly to the office of the Vice Dean for Graduate Medical Education through the Department residency coordinators. Unexcused absences may be subject to loss of pay and repeated offenses to disciplinary action.

A Leave of Absence is granted for a specific reason and is not justification for moonlighting or locum tenens work. Accordingly, residents are not allowed to moonlight or do locum tenens activity during an approved leave of absence unless pre-approved by the Program Director and the Vice Dean for Graduate Medical Education.
## Procedure

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Action</th>
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<tbody>
<tr>
<td>Resident</td>
<td>Submits a Leave of Absence Form (attached) requesting leave (specifying type of leave and duration) to the Program Director. A leave of absence for medical reasons may require documentation from a physician stating that the resident has a serious medical condition that will impact training and the estimated amount of time away from the training program. Agrees to abide by the leave procedures set forth below, in the Housestaff Handbook and in the House Office Contract and restrictions as outlined below.</td>
</tr>
<tr>
<td>Program Director</td>
<td>Advises resident and GME Office of approval or disapproval.</td>
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<tr>
<td>Office of GME</td>
<td>Provides the resident with the following benefits related to leave of absence as provided for in this policy, the Housestaff Handbook and the House Office Contract.</td>
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### Annual (Vacation) Leave:
All residents will receive a total of fifteen (15) weekdays of annual leave. (Vacation is pro-rated for trainees beginning mid-cycle).

Use of vacation leave must be requested and approved in advance by the Program Director. All leave is to be used during the year it is accrued, and may not be carried over from one appointment year to the next. No payment for unused leave days will be made upon terminating a Program.

### Military:
Leave will be granted for active duty training in the United States armed forces, reserves or National Guard not to exceed 17 calendar days per year. Residents on active duty training are compensated by the military and not by the University during this period; however, benefits are continued. Residents who are called to active duty are not compensated by the University and receive no ongoing benefits. Re-admittance to the training program after completion of active duty may require formal reapplication and selection.
Military leave, compensated and with full benefits, may be granted for house officers who are called to active duty for reasons other than active duty training. Such leave may not exceed 30 calendar days per year at the end of which time employment will cease. Such termination of employment is deemed a COBRA "qualifying event" which permits the employee and dependents to elect continuation of benefit coverage under a group plan at personal expense for up to 18 months. All such military leave must be validated by copies of orders that stipulate the dates of reporting and separation from the military.

Parental:
Each house officer is given up to two (2) weeks of compensated parental leave. House officers must apply for parental leave in advance and obtain approval from their Program Director and the GME Office.

Family Medical Leave Act (FMLA):
House officers may take up to a total of twelve (12) weeks leave under the Family Medical Leave Act (FMLA) if the resident meets the qualifications stated in the FMLA. All current, unused parental, sick or annual leave available shall be used as continuing compensation during the FMLA parental leave. No other compensation is available. FMLA time will run concurrently with any paid or unpaid time taken, so as not to exceed a total leave time of no more than twelve (12) weeks, beginning with the first day of the qualifying event. If both parents are USF residents, a combined total of 12 weeks of parental leave is allowed as prescribed by Family Medical Leave Act.

To access information on the FMLA, please visit the Policies and Procedures section of the GME webpage at http://health.usf.edu/medicine/gme/policies_procedures/staff.htm

Sick Leave:
Residents will each be allocated nine (9) days of sick leave at the beginning of each appointment year. Sick leave is to be used in increments of not less than a full day for any health impairment that disables an employee from full and proper performance of duties (including illness caused or contributed by pregnancy when certified by a licensed physician). Sick leave may be used in half-day increments as needed for personal appointments.

Use of Sick Leave Pool is available for extended illness of the resident and may be used by individuals who are required to discontinue work because of medical needs. Such use may be allowed only after exhaustion of sick leave and all but five (5) weekdays of annual leave, up to a maximum of 90 days per individual, with the pre-approval of the Program Director and the GME Office. The use of the Sick Leave Pool is not available for uncomplicated maternity.

A resident suffering a personal disability necessitating use of sick leave without prior approval must notify the Program Director as soon as possible.

Unused sick leave will not be paid upon termination of training program for any cause.
Bereavement Leave:
In the event of death in the immediate family, the house officer may be granted three (3) days of Bereavement Leave in order to attend the funeral and assist in estate settlement.

For purposes of this policy, immediate family includes spouse, domestic partner, child or step child, parent or step parent, brother, sister, grandparent, grandchild. A miscarriage is included in this definition of death in the immediate family.

The house officer is required to notify and obtain approval for bereavement leave from the Program Director and the GME office.

Unexcused Absence:
If a resident does not show up for assigned hours, including night call, without notifying his or her chief resident or Program Director, the absence will be considered unexcused and subject to progressive discipline up to and including dismissal. Unexcused time will be taken as leave from the resident's leave entitlement. Arrangements for “payback” to other residents who may be assigned to cover night call or assigned hours will be made at the discretion of the Program Director.

APPROVED:

[Signature]

Vice Dean, Clinical Affairs and Graduate Medical Education

[Signature]

Dean, College of Medicine

REVIEWED, REVISED, REISSUED 6/05
REVIEWED, APPROVED 8/2008
REVIEWED, REVISED, REISSUED 1/2011
REVIEWED, REVISED, REISSUED 7/2013
REVIEWED, REVISED, REISSUED 3/2014
USF/COM GRADUATE MEDICAL EDUCATION RESIDENT LEAVE-OF-ABSENCE REQUEST FORM
(See current year Resident Handbook for rules on leaves of absence)

Department/Sub-Specialty: ____________________________  PGY Level: ____________________________

Name: ____________________________

Reason for Leave: _____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Period of leave requested: ____________________________ through ____________________________

<table>
<thead>
<tr>
<th>Types of Leave Being Used</th>
<th>Compensated Leave</th>
<th>Uncompensated Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sick Leave (Current Year ONLY)</td>
<td>Annual Leave (Current Year ONLY)</td>
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<tr>
<td>Maternity Leave (max. 12 weeks)</td>
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<tr>
<td>Paternity Leave (max. 12 weeks)</td>
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<tr>
<td>Family Leave</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Military Leave (max. 17 days)</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Other ***</td>
<td></td>
<td>N/A</td>
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</tbody>
</table>

*** Purpose of "Other" leave: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I UNDERSTAND THAT MOONLIGHTING OR LOCUM TENENS ACTIVITY WHILE ON A LEAVE OF ABSENCE IS NOT ALLOWED.

YES: _______  NO: _______

Signature of Resident: ________________________________________________________________

Approvals:

  Program Director: ________________________________________________________________
  Vice Dean, G.M.E.: ____________________________________________________________

Distribution of approved copies:
1) Department  2) Business Office  3) GME Office - File

It is the responsibility of the Program Director/Program Coordinator to notify and/or provide a copy of this approval form to Departmental Payroll Certification Personnel.