

**The MetroHealth System  
Graduate Medical Education Committee****Vacation and Leaves of Absence Including Medical, Parental, Caregiver Leaves of Absence Policy****Policy Summary:**

Each sponsored program will maintain a written policy governing resident vacation and leave.

The effects of time away from the program on resident graduation and board eligibility must be specified in accordance with the program's Residency Review Committee and/or American Board of Medical Specialties requirements.

The program specific process for submitting and approving requests for leaves of absence must be clearly described to residents/fellows. All residents anticipating time off **MUST** request leave in the required manner as soon as they become aware of the need. Leave that also qualifies as FMLA must be requested in the manner and timeframes required by that policy (for example, foreseeable FMLA leave must be requested at least 30 days in advance).

All requests for medical, parental, or caregiver leave must be approved through the GME office. In cases of leave requiring contract extension, the GME office will coordinate contract revision.

This policy supplements MetroHealth's FMLA, Leaves of Absence (Non-FMLA), and other leave and time off policies and procedures, which continue to apply and may be revised from time to time. Any leave provided under this policy and the program policy runs concurrently with leave under such other MetroHealth policies. For example, if a resident qualifies for paid sick time, FMLA, and medical leave, those benefits are used at the same time. Because of the time-limited nature of residency programs, MetroHealth policies may be applied differently to residents.

**Policy Terms:**

1. Each sponsored program will provide residents with a detailed policy covering vacation, leave, and the effects of leave, if any, on graduation and board eligibility. This policy is provided at the time of interview and the resident's start in the program. Also, a copy must be uploaded in the residency management system (MedHub) and available at all times for resident/fellow review.
2. Each sponsored program will provide the resident with notice any time there are changes in the program or institutional vacation, leave, or time off policies.
3. Each sponsored program will provide its residents with up to four weeks of paid vacation leave per year. This paid time off includes and runs concurrently with any paid medical, parental, caregiver, leave taken, except that one week of paid time off remains available for use outside of the first six weeks of the first approved medical, parental, or caregiver leave of absence.
4. Each sponsored program will provide its residents with qualifying paid sick time, medical leave, and family leave in accordance with MetroHealth and program policies. As explained above, because of the time-limited nature of residency programs, MetroHealth policies may be applied differently to residents.

5. Each sponsored program will provide its residents with medical, parental, and caregiver leaves of absence during training. The sponsored program's policy governing such resident leave must incorporate the provisions set forth in Section 11 below. Medical Parental, and Caregiver, leave are as defined in the corresponding MetroHealth policies (including the FMLA and Leaves of Absence (Non-FMLA) policies).
6. In addition, the policy must include the maximum leave of absence permissible during training without requiring an extension of training, based on applicable regulations from the specialty board and/or Review Committee. This should be provided to the residents, in writing, during the interview process, at the start of their program, and again if there are any changes implemented.
7. Residents may not forfeit vacation, either on a voluntary or involuntary basis, to complete their contract early.
8. Since resident well-being is a priority, programs should make every effort to distribute each resident's use of vacation time during the academic year, in a manner that promotes well-being by providing periodic breaks from regular work. For the same reason, residents are not permitted to carry over vacation to the following year unless expressly approved by their specialty board.
9. Residents generally may use part of their annual vacation, up to a maximum amount set by the program, at the end of residency to facilitate their move to a different fellowship/job location. The maximum duration of this end-of-program leave must be decided in advance by the Program Evaluation Committee (PEC), approved by the Program Director, and stated in the program vacation policy, and this maximum cannot exceed two weeks. All end-of-program vacation use must be approved by the Program Director.
10. The program will provide the Graduate Medical Education Office with a copy of its policy for review and approval.
11. At a minimum, all sponsored programs' leave policies must:
  - a. provide 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;
  - b. provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken;
  - c. provide residents/fellows 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;
  - d. ensure the continuation of elected health insurance benefits (and disability benefits, if applicable) for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.

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