



Policy: THMEP Time Away From Duty Policy: Holidays, Vacation, Conferences, Medical, Parental and Caregiver Leave(s) (MPCL):

Six weeks of approved medical, parental and caregiver leave(s) may be taken for qualifying reasons* by any resident in an ACGME-accredited program. This leave may first be taken from the first day of duty, and must be structured to best meet resident need and well-being, while balancing program needs and patient safety. Residents may take an additional one week of approved medical, parental and caregiver leave, outside of the first six weeks of leave(s), for qualifying reasons. During these seven (six plus one) weeks of leave, the resident will receive 100% salary and the continuation of health and disability insurance benefits for the resident and eligible dependents. Depending upon specialty-specific requirements and individual resident progress in meeting these requirements and in reaching curricular milestones, extension of resident training beyond the usual duration of the program may be required for satisfactory program completion and for eligibility to participate in examinations by the relevant board(s). Accurate information regarding these considerations will be provided to the resident and documented.

- *Qualifying Criteria for Medical, Parental and Caregiver leave(s)
- A resident's own serious health condition, if unable to continue duties as a resident. May be taken intermittently, as medically necessary.
- The birth or placement of a child for adoption or foster care. The leave cannot be taken more than 12 months after the arrival of the child.
- To care for a family member (parent, spouse or child) who has a serious health condition. This includes situations in which the family member is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport himself or herself to necessary care. This may also include providing psychological comfort and reassurance which be beneficial to a child, spouse or parent with a serious health condition who is receiving inpatient or home care. May be taken intermittently as medically necessary.
- Intermittent leave means "leave taken in separate or periodic blocks of time – hours or days" – due to a single qualifying event. For intermittent leave, there must be a medical need for leave (as distinguished from voluntary treatments and procedures) and it must be that such medical need can be best accommodated through an intermittent leave schedule.

Process Guideline:

- Requests for Medical, Parental and Caregiver leave(s) should be in writing on a MPCL request form, submitted to THMEP for review by the DIO. The resident should provide THMEP at least 30 days' notice of a planned leave or within two days after an absence commences except in unusual circumstances. In an emergency, an oral notification is acceptable, but the resident must try to give notice to THMEP as soon as possible. For emergency situations, retroactive approvals of leaves of absence may be considered. If a request is denied, residents may appeal the decision to a panel of GMEC members appointed by the DIO.



**TMC Health
Medical Education
PROGRAM**

Medical, parental and caregiver leave(s) (MPCL) Request Form

- The resident will be notified of the decision regarding MPCL approval in writing and, whenever possible, through direct communication with the Program Director and/or others within THMEP administration.
- The program coordinator of the program will keep an accurate record of all paid time off for each resident, including leave of absences and allowable holidays according to the institution and program policy. This record will be reviewed and approved by the program director at least semi-annually. It is the responsibility of the resident to be aware of their leave of absence time utilized.
- Nothing contained herein in the program's leave of absence policy shall relieve the program from its obligations in accordance with the Family and Medical Leave Act and this leave of absence policy is intended to work consecutively with the Family and Medical Leave Act Policy, the Military Leave Policy, and Long-Term Disability Policy, as applicable.



**TMC Health
Medical Education
PROGRAM**

**Medical, parental and caregiver leave(s) (MPCL)
Request Form**

Employee ID #: _____
Name: _____
Department: _____
Program Director Name: _____
Employee Phone #: _____
Employee Mailing Address: _____

MPCL Leave Start Date: _____
Anticipated End Date: _____

Reason for Leave:

- My own serious health condition
- Birth of my child Due Date: _____
- Adoption/fostering of child

To care for a family member: parent spouse child who has a serious health condition

Employee Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Designated Institutional Official Signature: _____ Date: _____