

Policy: Leave of Absence (LOA)

1. The Sponsoring Institution, UnityPoint Health-Des Moines, will provide a minimum of six weeks of approved medical, parental and caregiver leave(s) of absence for qualifying reasons consistent with applicable state and federal laws at least once and at any time during residency, beginning the day the resident is required to report.
 - a. Eligible parent is defined as a natural parent, same sex spousal equivalent or new adoptive parent who is the primary caregiver.
2. Residents on an approved leave of absence for the reasons indicated above, will receive 100% of their salary for the first six weeks. This may include a combination of paid leave and short-term disability.
3. Benefits will continue while the resident is on an approved leave of absence. If the resident is on an unpaid leave and does not receive a paycheck, benefit deductions will go into an arrears balance and will be taken from the next paycheck following the resident's return.
4. Upon return from an approved leave of absence, residents will be guaranteed a minimum of 10 days paid time off (PTO) for the remainder of the academic year, unless the resident returns in or during the final quarter of the academic year, in which case the resident will be guaranteed a minimum of 5 days PTO.
5. Process for submitting and approving requests for leave of absence:
 - a. The resident who seeks an approved leave will, after consulting with his or her program director, complete the approved form (see Attachment A) that includes the formal request and justification.
 - b. The form will be submitted electronically to the program director or program coordinator and the DIO will be cross copied.
 - c. The program director will review the request for leave and the justification, and will determine whether the request is approved, approved with modification, or denied. The program director will make this determination in the context of ACGME requirements and in consideration of the criteria for justification of a request for leave (see Attachment B).
 - d. The program director will submit his or her decision to the DIO for review and obtain the DIO's secondary approval.
 - e. The program director or program coordinator will contact the Executive Director of Medical Education Administration on receipt of the request, and coordinate the leave with the resident, the residency program and AbsenceOne. The resident must initiate their leave with AbsenceOne through the online portal at <http://www.absenceone.com/unitypointhealth> or by calling (877) 467-2671.
 - f. The program director must provide accurate information to the resident regarding the impact of an extended leave upon the criteria for satisfactory completion of the program and eligibility to participate in examinations by the relevant certifying board(s).
 - g. The Department of Medical Education decision regarding the request for an approved leave of absence will be returned to the resident within five (5) workingdays.
6. This policy will be provided for review to any resident on request.

All residents requesting a leave of absence for medical/disability, pregnancy, newborn bonding, educational, or personal reasons must complete this form and return to the GME office as soon as possible.

1. Complete this form
2. Obtain Program Director's approval and signature
3. Contact AbsenceOne to request your leave: (877) 467-2671 or <http://www.absenceone.com/unitypointhealth>. For medical, pregnancy, bonding and family care leaves, AbsenceOne may require additional documentation from a physician to approve your request.

Any leave updates MUST be reported to AbsenceOne and your program coordinator immediately to ensure you are paid appropriately.

Resident Information

Resident first name	Last name	Employee #	
Residency Program	PGY Level		
Address (while on leave)	City	State	Zip

Leave Details

Type of leave (check all that apply*)	Leave start date	Leave end date
<input type="checkbox"/> Family Medical Care Leave	_____	_____
<input type="checkbox"/> Parental Leave	_____	_____
<input type="checkbox"/> Administrative Leave	_____	_____

Justification for leave request

*Each program has unique requirements for training that may be missed during their residency. Please discuss the requirements with your program director.

I have met with my program director to discuss the requirements for training.

Confirm how many PTO days you will have available at the start of your leave _____

Resident signature	Date signed
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Program Director's Approval

Program Director name	Program Director signature	Date signed
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GME Office Use Only

William J. Yost, MD		
DIO name	DIO signature	Date signed

Pay thru date	
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