**Icahn School of Medicine at Mount Sinai**

**Graduate Medical Education**

**Directions for Completing Leave of Absence Request Form**

**Step 1/Step 2: Resident/Fellow**

* Please read the GME Leave of Absence Policy and review your [ABMS](https://www.abms.org/member-boards/specialty-subspecialty-certificates/) Specialty Requirements regarding duration of training.
* Using LOA Request Form please complete Step 1 and Step 3, column 2 (indicating days you believe are available).
* Once completed please forward to your program.

**Step 2: Training Program**

Please complete Step 2 and Step 3, column 3 (confirming resident/fellow days available). Then if needed impact of leave on training.

* Return the form to the resident/fellow confirming:
  + the available leave balances
    - confirm the amount of days they plan to use during the leave
  + the impact of the leave on their duration of training
  + please save all email correspondence
    - may upload to the checklist if helpful
* Once confirmed:
  + Have the resident/fellow notify the Hartford by either calling (888)714-4380 or filing a claim online at <https://abilityadvantage.thehartford.com>
    - They should share and upload all approval letters/emails to the checklist (approvals are not received until after the first date of absence)
  + Submit this form to the appropriate leave coordinator, with cc to [gmeleave@mssm.edu](mailto:gmeleave@mssm.edu); please ensure no protected health information is included.
  + GME Leave Team (GME Administrators for your specialty) will then issue New Innovations Checklist to the resident/fellow.
* Submit a Leave of Absence transaction (s) in Sinai Cloud

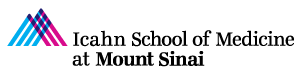
Use this link for instructions on adding an absence in Sinai Cloud <http://mshsintranet.mountsinai.org/uploadedFiles/MSHSCloud/052020%20-%20Submit%20a%20Request%20for%20Time%20Off.pdf>

**Step 3: Extensions or Changes to LOA**

* For any changes to the leave (returning early or extending) the Leave of Absence Request Form should be updated by the program and sent to the leave coordinator;
* Please upload the changes to the New Innovations Checklist
  + include email correspondence between HS and/or Hartford confirming extensions/changes.

**Step 4: Program Return to Work Processes**

* Before a resident/fellow can return to work after a medical leave, they must confirm return to work date with the program coordinator and/or program director and contact EHS.
* Resident/fellow must complete and submit to EHS a **Medical Clearance Form. (Except for maternity leaves less than 3 months)** EHS will review the form and provide clearance for an employee to return to work for any absence more than three (3) consecutive days.
* When the employee returns to work the Program must:
  + **Confirm the End Date** is accurate
  + **Open the transaction for reason the Resident has been away from work (FMLA/PFL/Maternity)**
  + **Uncheck the Open ended box**
  + **Scroll down to Descriptive or Additional information and enter the return to work date. (The return to work date is when they physically are back at work and not the end date of the LOA)**
  + **Submit**
* Upload the final Leave of Absence Request Form to the New Innovations Checklist along with a copy of the EHS clearance.
* Update the New Innovations Block Schedule.



**Graduate Medical Education**

**Leave of Absence Request Form**

All residents and fellows requesting a Leave of Absence for medical; parental; or caregiver leave are required to complete this form.

**STEP 1: RESIDENT/FELLOW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resident/Fellow Name** | **Life #** | **Date of Hire** | **Training Program** | |
|  |  |  |  | |
| **Email Address** | **Phone Number** | | **Supervisor** | |
|  |  | |  | |
| **Reason for Leave of Absence** | **Type of Leave** | | **Requested Time Off\*** | |
| Employee Illness  Parental Leave  Caregiver Leave  Military Leave | Continuous  Intermittent  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FMLA  PFL  ACGME  Unpaid | | **First Day Out** | **Expected Date of Return** |
|  |  |
| I understand that additional leave time could result in my training being extended and have discussed this with my program director. **\_\_\_\_\_ (initial)** | | | | |

\*go to Step 3 and complete column 2

**STEP 2: PROGRAM**

|  |  |  |
| --- | --- | --- |
| **Program Coordinator Name** | **Email Address** | **Phone Number** |
|  |  |  |
| **Program Director Name** | **Email Address** | **Phone Number** |
|  |  |  |

**STEP 3: LEAVE ENTITLEMENTS / IMPACT ON DURATION OF TRAINING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type | **HS-Days Available** | **PC Confirms –**  **Total Days Available** | **Number of days HS will use** | **LOA Extended – More Days needed** | **LOA Ended – Days Unused** | **Total Days Remaining** |
| **Sick Days**  *12 annually to maximum of 60* |  |  |  |  |  |  |
| **Vacation Days**  *20 annually; no carryover* |  |  |  |  |  |  |
| **ACGME Days**  *30 for duration of training program* |  |  |  |  |  |  |
| **Unpaid Days** |  |  |  |  |  |  |

|  |
| --- |
| **Impact of Leave on Resident/Fellow Duration of Training** |
| As Program Director I attest that based on the leave of absence planned above for this resident:  **Will not need to extend training** upon satisfactory completion of all program requirements, and no further leaves of absence per ABMS Specialty requirements.  **Will need to extend training** per the ABMS Specialty requirements; I anticipate an additional \_\_\_\_number of days will be required to meet the requirements upon satisfactory completion of all program requirements, and no further leaves of absence.  **Will determine at a later date**  Date: \_\_\_\_\_\_\_\_\_\_\_ PD Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_ PC Initial: \_\_\_\_\_\_\_\_\_\_\_\_ HS Initial: \_\_\_\_\_\_\_\_\_\_  Changes, above, have been made since previous submission:  Date: \_\_\_\_\_\_\_\_\_\_\_ PD Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_ PC Initial: \_\_\_\_\_\_\_\_\_\_\_\_ HS Initial: \_\_\_\_\_\_\_\_\_\_\_  **Additional Program Director Notes Related to Impact on Duration of Training:** |

**STEP 4: EXTENSIONS OR CHANGES IN LOA**

**Updated information if needed:**

1. Did the type of Leave change due to an extension? If so to which:

FMLA \_\_\_\_ PFL \_\_\_\_ ACGME \_\_\_\_ Unpaid \_\_\_\_\_

1. Please update new dates if needed and also update Step 3 if needed:

First Day Out: \_\_\_\_\_\_\_\_\_ Extended Leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Expected Date of Return: \_\_\_\_\_\_\_\_\_\_\_

**STEP 5: RETURN TO WORK**

|  |
| --- |
| **Procedure for Returning to Work after Medical Leave:**  **First Day Out:** \_\_\_\_\_\_\_\_\_ **Expected Date of Return:** \_\_\_\_\_\_\_\_\_\_\_ **Actual Date of Return:** \_\_\_\_\_\_\_\_\_\_\_  **Cleared by EHS :**  Yes  No  Update, if needed, Step 3 on **Impact of Leave on Resident/Fellow Duration of Training**  **Other comments/changes:** |