

CREIGHTON GME LEAVE OF ABSENCE FORM

This form should be used by the resident/fellow (herein referred to as “HSP” [House Staff Physician]) to obtain authorization for leaves of absence (LOA) time off for health-related reasons (for self or covered family member) in excess of 3 days or any amount of unpaid time.

| | If HSP meets eligibility requirements for FMLA (Minimum of one year of employment and worked a minimum of 1040 hours in the previous rolling 12 months) | If HSP does not meet eligibility requirement for FMLA |
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| Step 1 | HSP reviews the following sources of information regarding leave: <ol style="list-style-type: none"> 1. GME Program Agreement (Employment Contract) 2. Institutional Leave Policy 3. Program Specific Leave Policy (if applicable) 4. University Policies 5. House Staff Benefits Guide | HSP reviews the following sources of information regarding leave: <ol style="list-style-type: none"> 1. GME Program Agreement (Employment Contract) 2. Institutional Leave Policy 3. Program Specific Leave Policy (if applicable) 4. University Policies 5. House Staff Benefits Guide |
| Step 2 | HSP should meet with their Program Director regarding leave. This form can be discussed and completed at that time. Requests (contacting HR with this completed form) should be initiated at least 30 days prior to the first day of leave, except for emergency events (in which case the HSP should inform the Program Coordinator and Program Director as soon as possible). HSP is not required to disclose health details of their leave to the Program Coordinator or Program Director. | HSP should meet with their Program Director regarding leave. This form can be discussed and completed at that time. Requests (contacting HR with this completed form) should be initiated at least 30 days prior to the first day of leave, except for emergency events (in which case the HSP should inform the Program Coordinator and Program Director as soon as possible). HSP is not required to disclose health details of their leave to the Program Coordinator or Program Director. |
| Step 3 | HSP must: <ol style="list-style-type: none"> a. Contact HR (anagil@creighton.edu). She will guide you to contact ADP to initiate the FMLA/PFSL request b. If requesting other leaves of absence (outside of sick and vacation) complete this form and submit to your PC. c. If the request is for Creighton University parental leave, you are also required to fill out a parental leave request form. Please see page 4 for leave definitions and rules. | HSP must: <ol style="list-style-type: none"> a. Complete this request form and submit to your Program Coordinator. b. Submit any relevant supporting information (such as health information) to HR at Benefits@creighton.edu and anagil@creighton.edu Please see page 4 for leave definitions and rules. |

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| <p>Step 4</p> | <p>The Program Coordinator must forward this form to the GME Office (anaizochoa@creighton.edu) AND Creighton Human Resources Department for approval any time an HSP intends to take a leave of absence for health related reasons (for self or covered family member) in excess of 3 days or any amount of unpaid time. This notification should be provided promptly upon notice from the HSP.</p> <p>In the event, that the HSP is not able to complete the form due to extenuating circumstances, the Program Coordinator will contact the GME Office and Creighton Human Resources Department for support.</p> | <p>The Program Coordinator must forward this form to the GME Office (anaizochoa@creighton.edu) AND Creighton Human Resources Department for approval any time an HSP intends to take a leave of absence for health related reasons (for self or covered family member) in excess of 3 days or any amount of unpaid time. This notification should be provided promptly upon notice from the HSP.</p> <p>In the event, that the HSP is not able to complete the form due to extenuating circumstances, the Program Coordinator will contact the GME Office and Creighton Human Resources Department for support.</p> |
| <p>Step 5</p> | <p>ADP will review for FMLA /PFSL eligibility. Once ADP has made the determination, HR will notify the HSP, PD/PC, and GME whether the leave has been approved and the pay component of the leave should be granted.</p> | <p>Human Resources will review the Leave request and determine if it meets requirements and refer to the GME Office for input as appropriate. HR will notify the HSP, PD/PC, and GME whether the leave has been approved and the pay component of the leave should be granted.</p> |
| <p>Step 6</p> | <p>If approved as a qualifying event, the Program Coordinator will enter in the parental, sick, vacation or MPC assignment in NI Schedule and save the completed LOA form in the Files and Notes section of NI.</p> | <p>If approved as a qualifying event, the Program Coordinator will enter in the sick, vacation or MPC assignment in NI Schedule and save the completed LOA form in the Files and Notes section of NI.</p> |
| <p>Step 7</p> | <p>If the leave needs to be extended, a new form must be completed.</p> | <p>If the leave needs to be extended, a new form must be completed.</p> |
| <p>Step 8</p> | <p>In the event HSP has exhausted all leave types and wishes to apply for unpaid leave (for extreme circumstances only), they must fill out attached "Unpaid Leave Request". This leave normally must be approved by the DIO before leave is taken. Once informed of the unpaid leave, GME or HR will submit an EAF to notify Payroll of any unpaid time.</p> | <p>In the event HSP has exhausted all leave types and wishes to apply for unpaid leave (for extreme circumstances only), they must fill out attached "Unpaid Leave Request". This leave normally must be approved by the DIO before leave is taken. Once informed of the unpaid leave, GME or HR will submit an EAF to notify Payroll of any unpaid time.</p> |

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|-----------------|--|----------------|
| HSP Name | | Program |
|-----------------|--|----------------|

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|----------------------------------|-------------------|-----------------|----------------------------|
| Anticipated Dates for LOA | Start Date | End Date | Return to Work Date |
| | | | |

(see next page for types of leave to be used here)

| Type of Leave Requesting to Use (if using more than one type, use a separate line for each type) | Start Date | End Date |
|--|-------------------|-----------------|
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This section to be completed by program director/coordinator:

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| Number of absences previously used to date this Academic Year (all types of absences, including prior MPC leave, vacation, sick, etc.) | |
| Type of absence | Number of Days |
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By signing below, I understand this may extend my advancement/ graduation date/board eligibility as determined by program, ACGME or board requirements. It is my obligation to continue to work with my program to understand the impact of my absence on my progression.

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| HSP Signature | | Date: | |
| Program Director Signature | | Date: | |
| HR Signature | | Date: | |

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Absence and Leave Definitions

Please refer to your program policy on "Leave" for how leave may extend your training period.

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| Family & Medical Leave Act (FMLA) | <p>Up to 12-weeks of unpaid, job protected leave to eligible HSP for the following reasons:</p> <ul style="list-style-type: none"> • For a serious health condition that makes the HSP unable to perform the HSP's job • To care for the HSP's spouse, son or daughter, or parent, who has a serious health condition • For incapacity due to pregnancy, prenatal medical care or childbirth • To care for the HSP's child after birth, or placement for adoption or foster care <p>FMLA runs concurrent with other leaves.</p> |
| Vacation Time | <p>Please refer to the HSP contract for the annual maximum amount of vacation leave. Programs may also have vacation specific policies due to Board Eligibility and RRC requirements.</p> |
| Sick Time | <p>Sick leave is when a HSP takes time off because of personal illness, illness of an immediate family member when one's presence is necessary during an emergency situation or for doctor/dental appointments and to accompany dependent children or spouse when their presence is necessary. Use of sick leave for other reasons is a serious issue and not permitted. Please refer to the HSP contract for the annual maximum amount of sick leave. Only the unused portion for any academic year is eligible for use.</p> |
| University Paid Parental Leave | <p>To be eligible for parental leave, HSP must have been employed by the University in a benefit-eligible status during the entire 12-month period immediately prior to the birth or adoption of a child. HSP is eligible for up to 6-weeks of paid parental leave; this is in addition to vacation time and sick time, although it can be used in conjunction with either one (or both) to extend time.</p> <p>Parental Leave Policy</p> |
| Medical, Parental, and Caregiver (MPC) Leave | <p>HSP will be eligible for up to six (6) weeks (30 days) of paid MPC leave for qualifying reasons that are consistent with FMLA (regardless of eligibility under federal law for FMLA leave), at least once during the HSP's time in the Program, starting the first day HSP reports to work in the Program.</p> <p>HSP's six (6) weeks of MPC leave is available in addition to vacation and sick leave. Vacation and sick leave may be used prior to or after MPC leave in a contract year. HSP may not use MPC leave in the same year the HSP uses parental leave.</p> <p>This MPC leave benefit is only available once to HSP during their time in the Program. Should HSP complete this Program and continue to another Program sponsored by Creighton, HSP will again be eligible for MPC leave. All FMLA and other protected unpaid time may still be available to HSP for leave.</p> <p>All HSP leave must be approved by the program & HR and logged in New Innovations as: Duty Type: Other Leave, Assignment: MPC Leave</p> |
| Personal/Family Support Leave (PFSL) | <p>Unpaid leave benefit to support employees in being away from work generally used in situations not covered by other types of University leave programs for three (3) days up to two (2) consecutive weeks for personal matters and /or family support related needs. (An employee seeking PFSL for a qualifying reason must first use all eligible accruals.). This must be approved by ADP using this link.</p> |
| Unpaid Leave | <p>Unpaid leave is unpaid time from duty. Paid leave must be exhausted prior to use. See GME Institutional Leave policy and the Unpaid Leave Request form for more information.</p> |

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Unpaid Leave Request Form

Unpaid leave is not allowed except in extreme circumstances. The decision to grant unpaid leave can only be made by the Designated Institutional Official (DIO). The request must come from the Program Director or from the HSP after documented conversation with the Program Director. The DIO's decision will be made after input from Human Resources and is not appealable. In the event unpaid leave is granted, **paid leave must be exhausted prior to utilizing unpaid leave**. This leave normally must be approved by the DIO before leave is taken.

Benefits may not be available to the HSP during unpaid leave. An HSP with unpaid leave exceeding six months will be terminated and required to reapply for admission to their residency or fellowship program should they wish to resume their GME training. Unpaid leave in excess of six months also requires notification of the specialty boards of an interrupted training period. Please refer to the House Staff Agreement Contract and to the Program Director for additional program specific ACGME requirements for leave and eligibility for board testing.

By signing below, the HSP, program director and DIO acknowledge the approval of unpaid leave for the dates specified below. All parties understand the impact the above stated LOA will have on the HSP's advancement/graduation date and all parties agree to fulfill their responsibilities in the training not met during the unpaid leave, if any.

Any changes or extensions in the leave dates below require a new Unpaid Leave Request. Unpaid leave approval by the DIO is limited to one month at a time. Unpaid Leave Requested Dates:

| Dates for Requested UNPAID LOA | Start Date | End Date | Return to Work Date |
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| HSP Signature | | Date | |
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| Program Director Signature | | Date | |
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|---------------|--|------|--|
| DIO Signature | | Date | |
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| HR Signature | | Date | |
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