

## ACGME Medical Resident/Fellow Leave Request

Each resident/fellow will be provided up to six (6) weeks (30 working days) of paid, approved medical, parental, or caregiver leave of absence for qualifying reasons that are consistent with applicable laws. This leave may be taken at any time during the resident's/fellow's program, starting on the day the resident/fellow is required to report. Sick leave requests of 2 weeks or more will automatically default to this policy.

While on the resident's/fellow's approved leave of up to six (6) weeks (30 working days) of medical, parental, or caregiver leave of absence, they shall be provided with the equivalent of one hundred percent (100%) of their salary. Health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave of absence shall continue with the same terms and conditions as if the resident/fellow was not on leave.

### Leave Types Defined:

**Parental Leave:** Refers to a period of time that a resident/fellow takes time off to care for and bond with a new child, whether through birth, adoption, or foster care placement.

**Medical:** Refers to a serious health condition, defined as an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuous treatment by a health care provider.

**Caregiver:** Refers to leave taken to care for a family member with a serious health condition, defined as an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuous treatment by a health care provider.

Family member defined:

- Spouse\*
- Parent\*\*
- Child, under age 18
- Child, age 18 or older and incapable of self-care because of a mental or physical disability.

\*Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common-law marriage or same-sex marriage.

\*\*The terms "child" and "parent" include in loco parentis relationships in which a person assumes the obligations of a parent to a child. The term "child" also refers to biological, foster, adoptive, or step.



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HUMAN RESOURCES

**Resident/Fellow Information:**

Resident's/Fellow's Name (Please Print): \_\_\_\_\_

Training Program: \_\_\_\_\_

Program Year: \_\_\_\_\_

**Reason for Leave:**

Please check the appropriate box(es):

Parental Leave       Medical Leave       Caregiver Leave

Please state the anticipated beginning and end dates of the leave requested. If taken intermittently, please state the anticipated frequency and duration of absences.

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**Resident/Fellow Acknowledgment and Agreement:**

I understand that the ACGME Caregiver/Medical leave is up to 6 weeks (30 working days) of paid leave in addition to any accrued annual and sick leave. I acknowledge that if I am eligible for leave under the Family and Medical Leave Act (FMLA), FMLA will run concurrently with the ACGME Caregiver/Medical leave. I acknowledge that this leave may result in an extension of training based on UNLV MED, ACGME, and Board requirements.

I understand that I will be required to provide appropriate documentation supporting the need for such leave.

Resident/Fellow's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return the completed form to the Benefits and HR Operations office via email at [hrleave@unlv.edu](mailto:hrleave@unlv.edu).*