

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE
Office of Educational Affairs

Approval Date: 5/10/16	Subject: LEAVE OF ABSENCE PROCESS	Page 1 of 4
Approved by: Linda Edwards, M.D.		Revised Date: 5/28/2010; 3/11/16
Effective Date: 5/28/2010		Reviewed Date: 11/24/2014; 5/10/16

LEAVE OF ABSENCE WITHOUT PAY (LWOP)

Leave without pay is used when there is not a medical reason for a leave of absence. Examples include maternity leave beyond the allowable sick and vacation leave.

1. The resident must submit in writing, the request for leave of absence without pay. The letter should be addressed to the Program Director and must contain the following information:
 - a. The purpose of the leave of absence.
 - b. Period of leave to be taken without pay.
 - c. If the resident has not exhausted the accrued annual or sick leave, the number of annual leave hours being requested by the resident should be identified in the letter. Program Directors can advance leave based on the resident's expected completion of the academic year upon return to work.
 - d. A date of expected return must be stated in the letter. This date can be adjusted either with the resident returning earlier or extending the LWOP. If an extension is needed, the resident must write a new letter indicating the new date of return.
 - e. A statement acknowledging the resident's understanding that the department will cover the insurance benefits for up to two months after which time COBRA laws apply. The resident will be responsible for the fees associated with this coverage unless the Department Chair chooses to cover these expenses beyond the first two months as noted in Item 5 Option 1 below.
 - f. A statement acknowledging the residency program will be extended by the number of days, months, etc., taken as leave, as required by the RRC or applicable Medical Specialty Board.

2. Upon receipt of the letter from the resident, the Program Director will notify the OEA. The department letter should contain the following:
 - a. Program Director and Dept Chair Signatures
 - b. Acceptance of the resident's leave of absence request, as documented in the attached request
 - c. Document the resident's leave usage for the academic year, and which portion of unaccrued leave will be advanced to the trainee. Indicate what days will be leave without pay.
 - d. Confirm the number of days the resident will be extended per the medical board specialty requirements.
 - e. A signature block for approval by the SADEA must be included after the Department Chair's signature line. Once approved, a copy of this letter will be sent to the resident.

3. Upon receipt of the letters from the Department and approval from the SADEA, the Office of Educational Affairs (OEA) will:
 - a. Send a copy of the approval to the resident and the Department for their records.
 - b. Notify the Fringe Benefits Coordinator if the resident has not returned to work within six weeks after the effective date of the LWOP, and provide them with the date the department will stop paying benefits. If the Department will continue to provide full benefits coverage, the benefits coordinator will be notified at this time.
 - c. Upon the resident's return from LWOP, the Program Director will provide the Office of Educational Affairs with an official notification letter that states the resident will return to work and the date. The OEA will send a copy of the letter to the fringe benefits coordinator, if applicable.

4. Payroll: No salary shall be paid to the resident for those days or weeks that are not covered by annual/sick leave.

5. Insurance Benefits: If approved, uncompensated leave is taken, insurance benefits will be covered for up to two months. Thereafter, one of two options should be selected:
 - Option 1) Initially and prior to two months ending, the Program Director/Chair may request under separate cover coverage of benefits up to a six month period; letter should be addressed to Timothy Flynn, M.D., Fringe Benefits Committee Chairman, and a copy sent to the SADEA. After the coverage of benefits cease, the resident may purchase this coverage for up to 18 months, consistent with the COBRA provisions.

 - Option 2) After two months, the resident will be responsible for payment of insurance premiums for up to six months.

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6. The resident will be terminated after six months of leave of absence without pay, at which time the resident may purchase health coverage for up to 18 months, consistent with the COBRA provisions.

LEAVE OF ABSENCE WITH PAY

Under special circumstances consistent with a *medically-documented illness or disability*, an approved leave of absence may be granted for a period not to exceed six months. During such an approved leave of absence, eligible residents will continue to receive salary and all fringe benefits. Once long-term disability coverage begins, the resident will be terminated from the University and will have the option to maintain their health, life, and disability insurance through COBRA.

1. The resident must submit in writing the request for leave of absence with pay. The letter should be addressed to the Department Chair with a CC to the Program Director, and must contain the following information:
 - a. The purpose of the leave of absence (disability or the specific illness).
 - b. Period of leave to be taken.
 - c. If the resident has not exhausted the accrued annual or sick leave, the number of annual leave hours being requested by the resident should be identified in the letter. The resident is required to exhaust annual and sick leave before being placed on leave of absence.
 - d. A date of expected return must be stated in the letter. This date can always be adjusted either with the resident returning earlier or extending further LWP. If an extension is needed, the resident must write a new letter indicating the new date of return.
 - e. A statement acknowledging the resident's understanding that the residency program will be extended by the number of days, months, etc., taken as leave as required by the RRC or Medical Specialty Board.
 - f. The resident must attach supporting documentation from their physician.
2. Upon receipt of the letter from the resident, the Program Director will notify the OEA. The department letter should contain the following:
 - a. Program Director and Dept Chair Signatures
 - b. Acceptance of the resident's leave of absence request, as documented in the attached request
 - c. Document the resident's leave usage for the academic year, and which portion of unaccrued leave will be advanced to the trainee. Indicate what days will be leave without pay.

Confirm the number of days the resident will be extended per the medical board specialty requirements.
3. Once the request is approved, the Office of Educational Affairs will:
 - a. Send a copy of the approval to the resident and the Department for their records.
 - b. Notify the Fringe Benefits Coordinator of the leave start date and the expected return date. The Fringe Benefits Coordinator will then begin the long term disability paperwork process.
4. Group Long Term Disability Claim package:
 - a. The package must be completed on all leave of absence with pay requests regardless of the length of time the resident expects to be on leave. It may be obtained by calling the fringe benefits office (see list of key contacts below).
5. Fringe Benefits: Health, Life and Disability Insurance benefits will be covered for up to six months. After the six-month period, the resident will be terminated and placed on long-term disability. The resident may purchase the fringe benefit coverage for up to 18 months, consistent with the COBRA provisions.
6. Upon a resident's return from leave, an Official Return to Work Notification letter must be written and signed by the Department Chair and the Program Director indicating that the resident is released by their physician to return to work, the date of return and any special accommodations that are required for the resident's

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return to work. A statement regarding the resident's ability to resume regular duties of the position is required. This letter should be submitted to the SADEA and Fringe Benefits Office.

7. Appropriate law on ADA must be followed.

Key contacts:

SADEA: Linda R. Edwards, M.D., Senior Associate Dean for Educational Affairs
Office of Educational Affairs (904) 244-3140

Fringe Benefits: Cherise Conte-Bush at (904) 244-3471

**For additional information, refer to the Resident Manual <http://www.hscj.ufl.edu/graduate-medical/residents-fellows.asp> or <http://www.med.ufl.edu/benefits/HFSB.shtml>*