

MATERNITY/ PATERNITY/ FAMILY LEAVE POLICY

Maternity/Paternity Leave – Four weeks of leave shall be paid with benefits for the care of newly born or adopted child. The House Officer must provide 30 days notice (or as much notice as practicable) to the Office of Graduate Medical Education and the Program Director of the request for leave and must complete the necessary forms.

Family Medical Leave Act (FMLA) - Up to twelve weeks total leave to care for a spouse, parent, or child with a serious health condition, two weeks of which shall be paid, where appropriate. After these two weeks, subsequent leave is unsalaried, however, the House Officer may maintain benefits by paying the Health and Dental insurance premium contribution. The House Officer must provide 90 days notice (or as much notice as practicable) to GME and his/her Program Director of the request of leave and complete the necessary forms.

As an example, Maternity/Paternity Leave may be structured as follows:
4 weeks paid maternity/paternity leave +
4 weeks paid vacation =
8 weeks paid leave with benefits +
up to 4 additional weeks of FMLA (unpaid) if desired

Vacation – the equivalent of four work weeks with pay.

Vacation must be

scheduled by mutual agreement with the Program Director or his/her designee.

Housestaff who do not have 4 weeks of unused vacation time may choose to take whatever vacation time is left for that year, and take the remainder as unpaid family leave.

The **Family Medical Leave Act actually allows employees up to twelve weeks of leave** in total, but the balance of that time beyond the 4 weeks of paid maternity/paternity leave (see above) and vacation time allowable is unpaid.

An important consideration is what the **Board requirements** of the particular program are. For example, many Boards require a specific number of months of actual training per year in order for promotions to the next level or graduation; some allow a maximum number of weeks of leave. It may be necessary for the Housestaff to make up lost time by extending the residency period to meet such requirements, a situation which may in some cases render the Housestaff less competitive when applying off-cycle for fellowships or employment. Housestaff intending to use the maternity/paternity leave provisions **MUST contact their Program Directors** to discuss these ramifications and to know how they can meet the **program requirements** for successful completion.

A **GME Maternity/ Paternity /Family Leave form** (available on MedHub under “GME Forms”) needs to be completed and approved ahead of time and filed with the program and GME. **Ninety days of advance notice should be given if possible. Since actual maternity/paternity leave generally begins on the day of birth, GME and the program must be notified ASAP of the exact start date. It is essential that GME be notified of the actual start date of the leave (sometimes different from the predicted), the number of vacation days to be applied toward the leave, and the actual return date.** It will also be necessary for the program to send a **modified rotation schedule** for accurate MedHub reporting to Medicare.

Please note: For pregnant Housestaff who are required by their obstetrician to have bedrest or a modified/restricted work schedule due to **antepartum or postpartum complications**, short-term (and long-term if necessary) **disability benefits** are available with appropriate documentation. Again, check with the appropriate Program Director and with the GME Office.