



# Cherokee Nation Health Services Family Medicine Residency Program Parental, Medical, and Caretaker Leave of Absence Policy

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## **PURPOSE**

Pursuant to the Accreditation Council for Graduate Medical Education Institutional Requirements, OSU-CHS, the sponsoring institution for the Cherokee Nation Health Services Family Medicine Residency program has implemented a Resident and Fellow Parental, Medical, and Caretaker Leave of Absence Policy. This policy required each program to promulgate and implement a policy of its own, following the guidelines of the OSU-CHS policy.

## **POLICY**

The resident Parental, Medical, and Caretaker Leave of Absence Policy (hereto referred to as leave of absence, or LOA, policy) of the Cherokee Nation Health Services Family Medicine Residency program will be provided to all applicants of the program.

The medical resident annual agreement will contain or refer to the program's leave of absence policy.

A resident is allotted a maximum of six (6) weeks of approved paid leave taken for qualifying reasons that are consistent with applicable Cherokee Nation law and Human Resources policy at any time during the program beginning the day the resident is required to report to the program.

## **PROCEDURE**

Qualifying reasons for Parental, Medical, and Caretaker Leave of Absence are:

- A. The birth and care of a child or placement of a child with the resident for adoption or foster care. Such leave must be taken within 12 months immediately after birth or within 12 months after placement. Leave may begin prior to birth or placement; or,
- B. For care of a spouse, child or parent with a serious health condition. The resident must be needed to care for basic needs, psychological comfort, filling in for others, or making arrangements for the relative; or,
- C. Because a resident's own serious health condition makes the resident unable to perform the functions of his or her position due to illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatments.



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Requests for a leave of absence must be submitted in writing and include the reason for the request as well as supporting documentation, such as medical records. The program director and the Designated Institutional Official (“DIO”) must determine if the request qualifies for a leave of absence and may grant or deny the request, in consultation with the program’s human resource department. For emergency situations retroactive approvals of leaves of absence may be considered. If a request is denied, residents may appeal the decision to a panel of GMCC members appointed by the DIO.

Full salary and benefits will continue during the first six weeks of the leave of absence. Any leave of absence approved by the program director and the DIO that exceeds six weeks, will be without salary, but benefits may continue after consultation with human resources.

The minimum duration of paid leave for each request will be restricted to two weeks and a maximum of two separate paid leaves of absence will be allowed during the training program. If the full six weeks of LOA are taken during one training year, one week of annual leave (vacation) or sick leave may be taken. If fewer than six weeks of LOA are taken at one time during the year, the allowable weeks of time for LOA plus vacation/sick leave are as follows: five weeks LOA and one week vacation/sick leave; four weeks LOA and one week vacation/sick leave; three weeks leave and two weeks’ vacation/sick leave; and two weeks LOA and three weeks’ vacation/sick leave.

Leaves of absence of six weeks or shorter will not result in an extension of the training duration if the resident satisfactorily completes all the requirements of the program and is determined by the program director and clinical competency committee ready to enter unsupervised practice. Any leave of absence that exceeds six weeks will be added to the required length of training of the program.

If the resident is requesting medical leave for a personal serious health condition that renders them unable to do their job safely secondary to illness, injury, impairment, or other physical or mental condition that involves inpatient care or continuing treatments, they will be required to supply documentation by a licensed health care provider that supports the need for leave. If the condition is felt to impact patient care or resident wellness, they may be asked to provide a fitness for duty evaluation upon return.

The program coordinator of the program will keep an accurate record of all paid time off for each resident, including leave of absences and allowable holidays according to the institution and program policy. This record will be reviewed and approved by the program director at least semi-annually. It is the responsibility of the resident to be aware of their leave of absence time utilized.

Nothing contained herein in the program’s leave of absence policy shall relieve the program from its obligations in accordance with Cherokee Nation law and policy and this LOA policy is intended to work concurrently with the Cherokee Nation Family and Medical Leave of Absence Policy, including Military Leave of Absence, Paid Foster Parent Leave, Paid Maternity Leave, Work-Related Injury or Occupational Illness, Short-Term Policy, and Long-Term Disability Policy, as applicable. Further, the Cherokee Nation’s adoption of these policies and procedures is not intended to be construed as a waiver of sovereign immunity,



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consent to jurisdiction outside the nation's courts, or consent to any enforcement authority except as may be expressly made applicable to tribal governments.