I. **POLICY**
   A. Up to four weeks of credit including three weeks of vacation, any sick, pregnancy, family leave, delayed starts, etc. is allowed for each academic year. **These standards are set by the American Board of Internal Medicine (ABIM),** which requires 24 months of actual training. Failure to comply will require make-up time at the end of the program.
      1. Total leave time (including three weeks of vacation) may not exceed four weeks per academic year.
      2. Any excess leave time beyond four weeks (including three weeks of vacation) during one academic year must be made up at the end of your fellowship program, without pay, in order for an individual to become Board-eligible.
      3. All fellows must inform the program director immediately of their leave request, to allow time to arrange coverage. Fellows must complete a *Leave of Absence* form and submit this to the fellowship program coordinator before such leave is taken for official written approval of leave. In such cases as sick or an emergency, the Leave of Absence form may be turned in to the coordinator after a fellow returns from leave, but no later than seven days.

II. **DEFINITIONS:**
   A. Components of this policy include:
      1. **VACATION:** Fellows shall receive three weeks (15 calendar days) of paid vacation annually. Department policy is the request needs to be made no less than 6 weeks in advance. If requested less than 6 weeks, approval will need to be given by Dr. Simmons.
      2. **SICK LEAVE:** Fellows must inform the program director and supervising attending on call immediately when not able to work due to illness, so arrangements can be made for coverage. If sick for more than 48 hours, the program director may request the fellow to see a physician and obtain a written note. If sick leave is required for more than seven days per year, the fellow may have to use vacation time, take unpaid leave, or be required to stay on at the end of the training period to make up for missed training.
      3. **EDUCATIONAL LEAVE:** Fellows may be granted up to seven days annually of educational leave to attend one regional or national educational conference. The request for such leave should be made to the Endocrinology Fellowship Program Director at least 8 weeks prior to the conference, and attempts should be made to obtain coverage from other fellows for the leave time.
      4. **FAMILY MEDICAL LEAVE ACT:** The Family Medical Leave Act of 1993 allows up to 12 weeks of unpaid leave per year to be taken by any employee who has worked for the University for more than one year. Medical leave for a serious health condition of the fellow’s immediate family member, maternity, paternity and adoption are all covered under FMLA. While this legislation guarantees job security, it does not address the board-eligibility requirements stated. It must be recognized that the American Board of Internal Medicine requires 24 months of training for board eligibility in Endocrinology. Any leave taken which exceeds the allotted 27 days (15 days’ vacation leave, 12 days sick leave) per year must be made up in order to be eligible for board examination. The
schedule for making up this time must be arranged with the program director. The fellow should inform the program director immediately about any needed leave so that arrangements for coverage can be made well in advance.

5. **MATERNITY LEAVE (see Family Medical Leave Act):** Fellows must inform the program director immediately about any needed leave to allow time to arrange coverage. The program director should make every effort to schedule pregnant fellows on lighter rotations, with as little night call as possible, near the expected due date.

6. **FUNERAL LEAVE:** Fellows are entitled to three days of funeral leave in the event of a death of an immediate family member. Immediate family members include the fellow’s spouse, parents, grandparents, spouse’s parents, spouse’s grandparents, children and their spouses, siblings and their spouses, and grandchildren.

7. **COVERAGE:** Fellows must inform the program director immediately about any needed leave by filling out the leave of absence form. It is the fellow’s responsibility to arrange for coverage before leave is approved.

### III. **PROCEDURE:**

A. The following points outline the policy for arranging vacation or authorized absence. These points apply to circumstances in which absences can be reasonably foreseen. Emergency situations will be handled as needed.

1. Notify Endocrinology Fellowship Director and program manager via email in advance of time off. Approval from all clinic attendings is needed before approval is given.
2. Notify Oakley Preston and Jamie Smith via email at oakley.preston@hsc.utah.edu and jamies.smith@hsc.utah.edu so that your UDEC clinics can be blocked in EPIC.
3. Notify the VA attending via email so that appropriate arrangements can be made to cover your VA clinics. Be sure to copy Oakley in email communication.
4. Arrange coverage for patient phone calls, messages, lab results, prescriptions, etc. to be covered in your absence. Ensure the clinic staff, especially your MA and the clinic RN know who will be covering for you.
5. Place an out of office note on your email reply and state who is covering for you.
6. Complete all E*Value responsibilities including, Duty Hours and Evaluations, request will not be granted if there are outstanding items.
7. Check conference schedules, Clinical Conference, Journal Club, Resident to Fellow lecture and call schedules to ensure you are not scheduled to present/be on call and if you are, switch with another fellow.
8. If the call schedule is updated/changed it is the fellow’s responsibility requesting the change to notify everyone of such changes including; the hospital operator at UUMC and VAMC, UDEC call center, Smart Web updated, Program Director and Program Manager.
9. If On-Call trades or changes are made after the schedule is finalized any patients scheduled will not be moved to accommodate the new schedule. Continuity of care needs to be maintained. Ensure updates are made to ALL schedules with any changes made.

**HISTORICAL INFORMATION:**

REVIEW: 04/2011, 06/2012, 06/2013, 06/2014, 06/2015, 06/2016

REVISED: 04/2011, 06/2012, 06/2013, 06/2014, 06/2015, 06/2016
University of Utah – Division of Endocrinology
Fellow Absence Request Form

Request needs to be submitted ahead of time for approval of time off. Call coverage must be arranged and pre-approved before time off is finalized. Once you have completed the following form then approval will be granted. Return to Oakley Preston after all fields are completed.

Name: ___________________ Dates of Absence ______ TO _______ Number of Working Days: ______

REASON FOR ABSENCE:

- Vacation [ ]
- Sick [ ]
- FMLA [ ] Specify Other [ ] Specify
- Education/Meeting [ ] Specify (location, name of conference, topic, etc…)

**All Items below must be completed before your leave/vacation.**

- Notify Endocrinology Fellowship Director and coordinator via email in advance of time off. Approval from all clinic attendings is needed before approval is given.
- Notify Oakley Preston and Jamie Smith via email at oakley.preston@hsc.utah.edu and jamies.smith@hsc.utah.edu so that your UDEC clinics can be blocked in EPIC. This must be done 6 weeks in advance in advance.
- Notify the VA attending via email so that appropriate arrangements can be made to cover your VA clinics. Be sure to copy Oakley in email communication.
- Arrange coverage for patient phone calls, messages, lab results, prescriptions, etc. to be covered in your absence. Ensure you’re the clinical staff, especially your MA and the clinic RN know who will be covering for you.
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- If the call schedule is updated/changed it is the fellow’s responsibility requesting the change to notify everyone of such changes including; the hospital operator at UUMC and VAMC, UDEC call center, Smart Web updated, Program Director and Program Manager.

_____________________________
Signature  (Signing this document verifies that the above has been completed.)

FOR PROGRAM COORDINATOR/DIRECTOR’S USE ONLY

Date turned in to fellowship coordinator _____/_____/_____

Dates of Call Coverage changes:
Original Dates _____/_____/____ to _____/_____/_____ New Dates: _____/_____/____ to _____/_____/_____ 

Person Trading with: ___________________

<table>
<thead>
<tr>
<th>Days of Available Leave (working days only)</th>
<th>Vacation</th>
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<tr>
<td>Days of Requested Leave (working days only)</td>
<td>Education/Meeting</td>
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<tr>
<td>Days Remaining of Available Leave (working days only)</td>
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