



CAMBRIDGE HEALTH ALLIANCE

**POLICIES ON RESIDENCY TRAINING PROGRAMS
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POLICIES ON RESIDENCY TRAINING PROGRAMS

COMPENSATION

The House Officers shall be compensated according to the following schedule.

<u>Effective</u>	<u>Current</u>
PGY 1	\$63,902
PGY 2	\$66,469
PGY 3	\$69,056
PGY 4	\$72,942
PGY 5	\$76,869
PGY 6	\$81,408
PGY 7	\$85,000

- a. Level Definitions: Each House Officer shall receive a salary commensurate with his/her PGY level. PGY level is defined as post-graduate year of approved training within the same specialty, i.e. medicine, psychiatry, surgery.

This section is not intended to enlarge or limit current practice with respect to the crediting of past training as defined above.

- b. Paychecks: House Officers receiving a Commission paycheck shall be paid weekly. The Commission may change this payment schedule to every two weeks. The annual salary of all House Officers shall be paid based on the Commission's current practice, which is a year is to be divided into 52 weeks. However, any new employee must receive their first check within three weeks of first date of employment.
- c. Retroactive Salary/Allowances: All retroactive salary and allowance increases due to House Officers under the terms of this Agreement shall be paid to each House Officer no later than one month after the Union ratifies this Agreement.
- d. Professional Education Stipend: A nontaxable, reimbursable professional education stipend shall be paid annually according to the following schedule:

a. Effective:	7/1/16
House Officers	\$1,900
Podiatry	\$1,900
Dentistry	\$2,050
Fellows	\$2,200

- b. This stipend may be used to defray the costs of conferences, textbooks, journals, board fees, necessary computer hardware or other such items as approved by the relevant Program Director. House Officers are responsible for turning in all necessary receipts to their department in order to be reimbursed. Any House Officer who has not turned in receipts for the total amount of the annual stipend by May 1st of that year shall receive a payment (taxable) equal to the difference between the total annual stipend and the total reimbursable expenses claimed and documented by said House Officer. Any House Officer who would prefer to accumulate the stipend for the subsequent year must notify their Program no later than May 1st of the current year.
- c. Podiatry House Officers who began their training prior to July 1, 2016 will accrue \$800 in PGY-1, \$2,450 in PGY-2, and \$2,450 in PGY-3. In no case will a Podiatry House Officer receive more than \$5,700 for the 3 year period. Podiatry House Officers will be allowed to accrue their stipend if they prefer.
- e. Holiday Pay: The Commission will pay 1/5 of a week's pay in additional compensation for eight (8) hours worked on any eligible holiday, including work performed while on an outside rotation. House Officers required to work at least four (4) hours but less than eight (8) hours on any eligible holiday shall receive 1/10 of a week's pay in additional.

Eligible holidays shall be: (Holiday year runs from June 1 through May 31)

Eleven regular holidays, which may be taken on:

New Year's Day	Martin Luther King Day
President's Day	Memorial Day
Patriot's Day	Independence Day
Labor Day	Columbus Day
Thanksgiving	Day before Christmas
Christmas Day	

Holiday pay to be paid in the same pay cycle as worked.

- f. PGY Level Designations: No House Officer shall be paid at a level higher than PGY VII (except as stipulated in Section 2 of this Article), without special exception granted by the Training Director, approval by the Chairman of the Department, Vice President of Human Resources and the chief Executive Officer. The Union will be given thirty days notice and opportunity to comment prior to implementation of such higher wage.

- g. Orientation Pay: All incoming House Officers required to attend Orientation prior to July 1 of each year shall be compensated at the appropriate PGY level, as set out in Section 1 of this article.
- h. Chief Resident Allowance: The Family Medicine Chief Residents shall receive a stipend in the amount of \$2,500, paid in quarterly installments of \$625. The Podiatry Chief Residents will receive a stipend of \$500 annually, paid in quarterly installments of \$125.
- i. Retirement Plan. Employees who work twenty (20) hours or more per week as of December 31, 2009, will continue to participate in the City of Cambridge Retirement Plan. In the event that CHA is obligated to participate in FICA, CHA will provide as much notice to the employee as possible.

Employees who are hired on or after January 1, 2010 will participate in the 403b retirement plan. If such employee has previously been a member of the Massachusetts State Retirement System or any applicable military service, that employee shall have the option of participating in and transferring all prior credible service to the City of Cambridge Retirement System or choosing the 403b retirement plan. All employees will have the option of moving to the 403b plan without a waiting period. CHA will not seek reimbursement or waivers for the FICA contributions by and on behalf of House Officers.

For the purposes of participation in the 403b retirement plan, such an employee who is otherwise eligible, and who has completed at least two (2) years of service with CHA in which she/he has worked at least twenty (20) hours per week, will participate in the plan and receive contributions from CHA. CHA will contribute 2% of an employee's gross salary, subject to the limits imposed by the Internal Revenue Code and in accordance with the 403b plan document, on behalf of all eligible employees enrolled in the 403b plan. In addition, the Commission will match up to a 2% contribution by the employee. Eligible employees may make transfers from the Plan to another Section 403b Plan (subject to the rules and requirements set forth in such Plans).

The Commission will produce documentation explaining each retirement option and the benefits of each and conduct meetings with House Officers to explain the retirement benefits available to them. The Commission will make available one staff person for House Officers to contact with questions.

- j. Emergency Child Care: The Commission shall pay the annual retainer fee for the Parents in a Pinch backup child care service each year of the contract.

HEALTH BENEFITS

- a. Coverage Options: The Commission agrees to offer members of the CIR full and comprehensive health insurance for inpatient and outpatient care, as described in Article XIII of the CIR Agreement.
- b. Part-Time House Officers: In order for House Officers to be eligible for health insurance, such House Officer must work a minimum of twenty (20) hours per week, as set out in Massachusetts General Laws Chapter 32B.
- c. Pre-Tax Contribution/Pre-Tax Flexible Spending Account: The Commission will make available a pre-tax flexible spending account for dependent care and non-reimbursable medical expenses.
- d. Domestic Partners: The provisions of the City of Cambridge domestic partners ordinance will be applied.

WORKING CONDITIONS

- a. Sleeping Areas: House Officers shall be provided with adequate 24 hour/7days a week dedicated sleeping areas located in the main hospital building, including a bed for each House Officer on-call, with no more than one person per room on any night. Each room shall have an adequate supply of sheets, pillows, pillowcases, blankets and towels provided, as well as bedside lights, desk and chair, and a working telephone. On call rooms shall be adequately ventilated, heated in the winter and air conditioned in the summer.
 - i. Medical service shall be provided with five (5) rooms.
 - ii. Psychiatry service shall be provided with one (1) such room.
 - iii. Podiatry service shall be provided with one (1) such room.
 - iv. Family Medicine shall be provided with one (1) such room at Cambridge Hospital, and two (2) such rooms at Whidden Hospital.

All on-call suites shall have a lounge/conference room space with two computers, a printer, and clean and well-stocked shower facilities with at least one bathroom/shower for every three (3) to four (4) House Officers. One bathroom/shower must be handicap accessible. A kitchen area with refrigerator, sink and microwave shall also be provided for each on-call suite. All call suites shall be adequately insulated to prevent noise disruption from patient care areas overnight, and shall be available 24 hours a day/ 7 days a week. All facilities shall be maintained with adequate housekeeping and clean linens.

- b. Text Pagers: Text Pagers shall be provided to all House Officers participating in ongoing care of patients, subject to the recommendation and approval of the respective Chief of Service. Family Medicine House Officers shall be given smart phones instead of text pagers.
- c. Medical Textbooks: Medical Textbooks will be made available on-site for use at Cambridge Hospital, Somerville Hospital, Central Street Health Center or any other primary training site.

- d. Licensing Examination Reimbursement: The Commission shall fully reimburse exam costs prospectively from the date of ratification of this contract, for the term of the contract, up to \$1,000 for House Officers taking the USMLE Step 3, NBPME Part 3, or COMLEX Level 3 exam in each contract year and annually thereafter. The Commission will reimburse up to \$550 to all Dental residents for Federal Drug Enforcement Agency registrations.
- e. Learning Center: There shall be a medical library equipped with current texts, journals and on-line educational materials, accessible to House Officers 24 hours a day/7 days a week at Cambridge Hospital, Central Street Health Center, Malden, Whidden Hospital or any other primary training site. The electronic resources shall be made accessible via remote log-in via the internet.
- f. Scavenging Systems/Operating Rooms: An adequate scavenging system shall be maintained in each operating room. The adequacy of such system shall be determined by the annual monitoring of anesthetic gases under the direction of the Chief of the Department of Anesthesiology and Respiratory Care, and the results thereof, will be made available to the CIR.
- g. Locker Space: Locked, secure space shall be provided for House Officers at all Cambridge Health facilities where they are routinely assigned.
- h. Telephone Messages: There shall be a mechanism whereby telephone messages shall be communicated or held for all House Officers.
- i. Bike Rack: There shall be a covered, secure bike rack with sufficient space, provided at Cambridge Hospital, Somerville Hospital, Central Street Health Center or any other primary training site.
- j. Crash Carts: Cahill 3 and Cahill 4 shall each be provided with a fully equipped "crash cart" to be located on each of their respective floors. In addition, a fully equipped and functional EKG machine shall be located on Cahill 3 and Cahill 4.
- k. Telephones/Outside Lines: Telephones with outside lines shall be available in all psychiatric House Officers' OPD offices and in OPD interview rooms used by House Officers on a regular basis in all CHA facilities where House Officers routinely are assigned.
- l. Security Coverage: The Commission shall provide adequate security coverage for House Officers using the psychiatric OPD building, regular patrols of the OPD building and the installation of panic buttons in all Psychiatric Out-Patient Interview rooms.
- m. TCAPS Training: The Commission will endeavor to provide TCAPS training for all House Staff prior to any shift in a locked patient area or in the ED.
- n. Work Space: All House Officers must be provided adequate space for clinical and educational responsibilities consistent with ACGME requirements, as described in Article XI of the CIR Agreement.
 - i. Medicine Chief Residents. The Medicine Chief Residents shall be assigned an office in the inpatient facility. The office shall be equipped with two (2) desks and chairs, two (2) computers, and two (2) file cabinets, and shall be large enough to hold meetings of up to five (5) people.
 - ii. Podiatry. The Podiatric House Officers shall be assigned an office large enough to hold six (6) people. This space shall include desk space, at least

- six (6) chairs, at least five (5) file cabinets, an X-Ray view box, a dry erase board, a TV/VCR, at least four (4) telephone lines, and at least four (4) network computers. Additionally, the Hospital shall provide space for a call room in the event that a House Officer stays overnight in the hospital.
- o. IV or Technician Coverage: The Commission will provide IV & Phlebotomy coverage for Cambridge and Somerville and Whidden Hospitals 24 hours a day/7 days a week.
 - p. Scrubs and White Coats: All Medicine, Family Medicine, Dental and Podiatry House Officers while on-call shall have the right to obtain scrubs. Effective June 23, 2007, the Commission shall provide House Officers in Medicine, Dental, Family Medicine and Podiatry with two (2) white coats with their name embroidered on each coat. Details are provided in Article XVI of the CIR Agreement.
 - q. On-Call Meals: The Commission shall order and stock on a weekly basis a refrigerator (designated for House Officer use only) with a variety of nutritious, fresh, and microwave foods to satisfy the religious and dietary needs of the House Officers on call dinner, as described in in Article XVI of the CIR Agreement.
 - r. Change of Training Sites: The Commission shall notify the Union at least sixty (60) days before any proposed change in training sites outside the geographic proximity of currently utilized venues and must demonstrate the educational benefit for the proposed change. The Whidden Hospital campus is an existing training site.
 - s. Notice and Training for New Unit/s: The Commission shall provide at least one (1) month notice to House Officers of any new units within CHA that will be staffed by House Officers and shall provide all House Officers with sufficient training in the new system before it is implemented. This includes sufficient notification of upcoming training session, as well as the release from coverage for clinical responsibilities during those times. For the purposes of this section, a new unit is defined as one that has previously not existed.

CLINICAL AND EDUCATIONAL WORK HOURS

- a. Each ACGME-accredited program must establish formal written policies governing House Officer clinical and educational work hours that support the physical and emotional well-being of the House Officer, promote an educational environment, and promote patient safety.
- b. These formal policies must apply to all participating institutions used by the House Officers.
- c. The policies must address the following required elements:
 - Educational needs of the House Officer must not be compromised by excessive reliance on House Officers to fulfill institutional service obligations.

- Programs and CHA must monitor clinical and educational work hours and call schedules, and adjustments made as necessary to address excessive service demands and/or House Officer fatigue.
 - Clinical and educational work hours must reflect the fact that continuing patient care responsibilities are not automatically discharged at specific times; therefore, programs must provide appropriate back-up support when House Officers are engaged in especially difficult or prolonged patient care responsibilities.
 - Clinical and educational work hours and on-call time periods must be in compliance with ACGME Institutional and Program Requirements, as well as with the CIR Agreement.
- d. The GMEC shall regularly monitor House Officer clinical and educational work hours for compliance with CHA policies and the Institutional and Program Requirements, using at a minimum the following procedures:
- Annual report from program directors, including data from surveying of House Officers
 - Direct query of House Officers from each program at the time of the program's Internal Review.
- e. The GMEC shall ensure that faculty and House Officers are educated to recognize signs of fatigue and to adopt and apply policies to prevent and counteract the potential negative effects.
- f. Programs that wish to request an exception in the weekly limit on clinical and educational work hours up to 10 percent or up to a maximum of 88 hours must submit a request to the GMEC for review and endorsement, prior to submission to the program's Residency Review Committee. The GMEC shall review such requests based on the following criteria:
- Analysis of potential impact on patient safety
 - Soundness of educational rationale - necessity for educational reasons should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested
 - Specification of the assignments and level(s) of training to which the proposal applies
 - Specific information regarding the program's moonlighting policies for the periods in question
 - Specific information regarding the House Officer call schedules during the times specified for the exception
 - Plan for monitoring and reevaluation
 - Evidence of faculty development activities regarding the effects of House Officer fatigue and sleep deprivation
 - Requests may be considered only at those times when CHA has a Favorable Status from its most recent review by the ACGME Institutional Review Committee and when the program is accredited in good standing, i.e., without a warning or a proposed or confirmed adverse action.

PROFESSIONAL ACTIVITIES OUTSIDE THE EDUCATIONAL PROGRAM

Residency is a full-time responsibility. Activities outside the educational program must not interfere with the House Officer's performance in the educational process.

Accordingly, the CHA has established the following policy on moonlighting:

- a. House Officers must not moonlight during the R-1 year.
- b. Recognizing the financial constraints on some of our House Officers, moonlighting is permitted during the R-2 year and during subsequent years of training.
- c. Moonlighting that occurs within the residency program and/or CHA as well as moonlighting that occurs outside CHA must be counted toward the 80-hour weekly limit on clinical and educational work hours.
- d. The program director must document in writing prospectively that s/he has granted permission for the House Officer to moonlight, and must include this information as part of the House Officer's folder.
- e. Moonlighting must not interfere with the House Officer's ability to provide patient care and should not interfere with the House Officer's ability to participate in the educational opportunities of the training program.
- f. If a House Officer experiences educational difficulty necessitating additional support or remediation, the program director may strongly discourage the House Officer from moonlighting. The House Officer's performance will be monitored for the effect of moonlighting activities. Moonlighting may be disallowed if adverse effects are documented.
- g. House Officers must never be required to engage in moonlighting.
- h. Policies relevant to specific programs are described in Article XV of the CIR Agreement.
- i. All House Officers engaged in external moonlighting (defined as moonlighting outside CHA, or within CHA but not subject to the usual supervision provided to House Officers) must comply with a-h above and in addition must comply with the following:
 - i. Only PGY3 House Officers and higher are permitted to moonlight externally.
 - ii. House Officer must be licensed for unsupervised medical practice in the state where the moonlighting occurs.
 - iii. Moonlighting must be at or below House Officer's current PGY level.
 - iv. House Officer must have the approval of his/her Chief of Service.
 - v. House Officer must complete an *Extended Professional Liability Insurance for Moonlighting* form and checklist. This form must be signed by his/her Chief of Service for each rotation during which extended coverage is requested.
 - vi. The completed form and checklist should be sent to CRICO/RMF as soon as reasonably possible but in any event no later than 30 days from the "sign-off" by the Chief of Service. The relevant CHA residency

program office and the House Officer should retain copies as proof of professional liability insurance.

- vii. House Officers may moonlight only during research rotations, subspecialty rotations and other rotations with lighter clinical call.
- viii. House Officers must comply with all CRICO/RMF rules governing moonlighting in Emergency Rooms.
- ix. Extended professional liability (“moonlighting”) coverage for insured House Officers outside the Harvard medical system is generally *excluded* under the CRICO policy. Chiefs of Service, however, are authorized to issue written waivers of this exclusion.
- x. There must be an exchange of letters between the CHA Chief of Service and Chief of Service where the House Officer plans to moonlight that confirms compliance and acceptance of all above stipulations.

LIABILITY INSURANCE

Chapter 258 Coverage: All members of the CIR shall be deemed Commission employees for all purposes including while on outside rotation. They shall be entitled to all coverage provided by Chapter 258, the “Governmental Tort Claims Act.” All House Officers rotating from sponsoring institutions will be covered by liability insurance as specified in the institutional agreement.

DISABILITY, DENTAL AND OPTICAL INSURANCE

The Commission shall annually contribute the sum of \$756.00 per House Officer for the purchase of short and long term disability, dental and optical insurance coverage provided by the House Officers Benefits Plan of the Committee of Interns and Residents. Should the aggregate cost of these benefits increase over the life of the contract, the Commission shall, upon demonstration of that increase, pay the additional cost, not to exceed a total cost of \$852.36 per House Officer per year. Terms and conditions are described in Article XIII of the CIR Agreement.

LEAVE OF ABSENCE

The Commission and the Union recognize that leaves of absence present unique and often confusing circumstances for House Officers and their Programs. House Officers requesting a leave are strongly advised to closely review this Article and request clarification from the Union and/or their Program Director if needed.

This Article covers personal leave, medical leave, parental leave, bereavement leave, personal days and FMLA leave. All forms of leave except personal days are unpaid; however, House Officers may apply accrued sick and/or vacation time and/or utilize

disability insurance to make the leave paid, if applicable. House Officers wishing to utilize their disability benefits should contact the Union directly for information and the application.

All leaves in this Article may have accreditation and board eligibility ramifications. See section 6 for specifics. In order to ensure House Officers understand the impact of their leave on their training requirements as well as to ensure that all leaves are coded accurately, Program Directors will provide and review the GMEC approved Leave Planning Policy document with House Officers in their respective programs upon notification of the need for a leave.

Section 1. Personal Leave Upon reasonable justification submitted in writing to the Chief of Service, the Chief Executive Officer or his designee may grant a House Officer a personal leave of absence for a period of time not to exceed one (1) year. At the end of the leave of absence, the House Officer may be reinstated to his/her former position and department.

Section 2. Medical Leave House Officers who require a leave due to a serious health condition that prevents them from performing their duties, or the serious health condition of the House Officer's spouse, child or parent for which the House Officer is needed to provide care, may take an unpaid medical leave of up to twelve (12) weeks, in accordance with the Family and Medical Leave Act (FMLA). House Officers can be required by the employer to use any applicable accrued benefit time during FMLA leave as permitted by FMLA. Upon the expiration of said leave, the employee shall be reinstated to his or her former position and department. Failure to return to work upon expiration of said leave will result in termination unless the House Officer had received a written extension thereto prior to the expiration date. During an FMLA leave of absence, the Commission will continue to pay for the cost of the disabled House Officer's health, dental, visual and disability insurance in accordance with contribution rates defined in this Agreement.

Section 3. Parental Leave

- a. A House Officer who gives birth or assumes primary care of a newborn or adopted child in his or her immediate household will be granted a leave of absence without pay for a period of up to six (6) months on or about the date of delivery or adoption. House Officers may apply accrued sick and/or vacation time and/or utilize short term disability to make this a paid leave, without exceeding 100% of a regular, base pay. Upon the expiration of said leave, the employee shall be reinstated to his or her former position and department. Failure to return to work upon expiration of said leave will result in termination unless the House Officer had received a written extension thereto prior to the expiration date.
- b. House Officers who do not meet the requirements for leave under Section A are entitled to fourteen (14) days parental leave in order to attend the birth, adoption,

or care of a child in the employee's immediate household. These days shall be deducted from House Officer's unused sick leave. If the House Officer has not accrued sufficient sick leave to make their parental leave paid, the House officer may choose to either take unpaid leave or utilize vacation time for the remaining period of the leave.

- c. During a parental leave of absence, the Commission will continue to pay for the cost of the disabled House Officer's health, dental, visual, and disability insurance in accordance with contribution rates defined in this Agreement.
- d. Disabilities connected with childbirth and pregnancy must receive treatment at least as favorable as that accorded to other disabilities.
- e. House Officers must be allowed time off for medically indicated doctor's visits.
- f. While each particular department and each House Officer is different and therefore specific rules for every situation cannot be developed, the following options must be considered in developing a mutually acceptable program, with consideration to accreditation and board requirements, for an individual House Officer who is temporarily and partially disabled.
 - 1. Rescheduling to less taxing rotations or electives.
 - 2. Relief from some night call by, for example, hiring moonlighters using the sick call pay pool.
 - 3. Use of paid sick leave.
 - 4. Relief from exposures to and guidance concerning certain radiation, chemicals, diseases and hazards.
 - 5. Flexible rescheduling of vacation time.
 - 6. Part-time residencies and extended leaves of absence, at the request of the affected House Officer.

Section 4. Return To Work Notification House Officers returning from any of the leave times specified above shall notify their Department when they intend to return to work at least two (2) weeks prior thereto.

Section 5. Child Care Resource The Commission shall provide a child care resource and referral program through the Child Care Resource Center or any other appropriate Child Care Agency for employees.

Section 6. Accreditation and Board Eligibility Requirements The provisions herein are not intended to alter responsibilities and obligations stipulated by accreditation or board certification oversight bodies. Failure to meet the required time for completion of the program may affect the eligibility of the resident to take the Specialty Board. House Officers returning from any leave under this Article may be required to complete missed clinical and educational requirements in order to become board eligible. Should a department require a House Officer to complete missed requirements, the Commission shall compensate the House Officer at his/her current PGY level and provide malpractice coverage and all other applicable benefits. Said House Officer's schedule will be arranged to complete accreditation and board eligibility requirements as quickly as possible. When feasible, such a plan must be agreed to at least two (2) months in advance of the expected date on which the leave is scheduled to begin. Accreditation and Board eligibility requirements will be provided to affected House Staff by their Program Directors.

Section 7. Bereavement Leave

- a. 3 Day Allowances House Officers will be granted leave of absence with pay for not more than three (3) days on account of the death of a father, mother, brother, sister, husband, wife, child, son-in-law, daughter-in-law, or parent-in-law, whether such relative was a member of the employee's household or not. Pay for absences not to exceed three (3) calendar days will also be allowed on account of the death of any other relative who was a permanent member of the employee's household or of any other person with whom said employee made his/her home.
- b. 1 Day Allowances House Officers will be granted leave of absence with pay for not more than one (1) day to attend the funeral of a first cousin, grandparent, grandchild, brother-in-law, sister-in-law, aunt, uncle, nephew or niece, and spouse's grandparent, brother-in-law or sister-in-law.

If additional time off is needed for either subsection a or b of this section, the House Officer may make use of his/her accrued sick leave, subject to the approval of the Program Director.

Section 8. Personal Days Each House Officer shall be entitled to two (2) personal days per year, paid by applying a portion of his/her sick time benefit, as described in Article XX (Sick Leave). Personal days do not accrue from year to year and are subject to the approval of the Program Director. The House Officer shall make every effort to schedule the taking of a Personal Day at least three (3) weeks prior to the day requested and in no case will such personal day:

- a. occur during the weeks June 15 – July 15,
- b. be requested for a day that the House Officer is on-call or listed as emergency coverage.

Section 9. Family and Medical Leave Employees [referred to herein as House Officers] are eligible for the Family and Medical Leave Act, depending upon the situation of the House Officer. This policy identifies the Family and Medical Leave situations that qualify a House Officer of the Cambridge Public Health Commission for an approved Family and Medical Leave. The policy is intended to comply with the requirements of the Family and Medical Leave Act of 1993. The Employer may require the use of applicable accrued benefit time while an employee is on FMLA.

Unpaid leaves of absence shall be granted to House Officers in accordance with the Family and Medical Leave Act (FMLA). An eligible House Officer may take FMLA leave in the event of an FMLA qualifying event for up to twelve (12) weeks in any twelve (12) month period. The twelve (12) month period is the calendar year or rolling year as determined by CHA policies. The CHA shall give the Union sixty (60) days notice in the event CHA changes to either a rolling or a calendar year.

FMLA qualifying events are:

- a) A serious health condition of the House Officer that prevents the employee from performing his or her job;
- b) A serious health condition of the House Officer's spouse, child or parent for which the House Officer is needed to provide care;
- c) The birth of a child or placement of a child for adoption or foster care with the House Officer.

Although FMLA Leave is unpaid leave, a House Officer can be required by the employer to use any applicable accrued benefit time during FMLA leave in the event the House Officer has a serious health condition. If a House Officer requires more than twelve (12) weeks of FMLA leave, the House Officer may request an extension of the leave in accordance with the section on medical leave. In no case shall leave be granted for a period of more than six (6) months.

During a medical leave of absence the Commission will continue to pay for the cost of the disabled House Officer's health insurance in accordance with contribution rates defined in this Agreement, dental, visual and disability insurance.

In cases where a House Officer has advance knowledge of a temporary and partial disability, said House Officer is encouraged to notify his/her department at the earliest possible date. Where a House Officer so requests, the Chief of Service and the affected House Officer shall work out an arrangement that will protect the House Officer's health while taking into account the House Officer's accreditation requirements. These arrangements will be made in accordance with departmental policy jointly developed in negotiations with the Union. Such a plan requires an explicit written statement to include: the length of time allowed, the House Officer's right to return, if applicable, credit for time completed, projected minimum/maximum requirements for board

eligibility, and whether there will be any required make up time, including number of nights on call.