

SICK LEAVE

Residents/fellows receive up to 15 working days per contract year of paid sick leave. No sick time may be carried over into the next contract year. In the event of serious injury or prolonged illness, or injury, residents/fellows may be eligible for a paid or unpaid leave of absence as set forth in the ACGME One-Time Leave Bank Policy (see [ACGME One-Time Leave Bank Policy](#)), [\(CT Family and Medical Leave \(CTFMLA\), Federal Family and Medical Leave \(FMLA\) and CT Paid Family and Medical Leave \(CTPFML\) Policy\)](#) and [the \(Medical Leave Policy\)](#).

The Program Director may require a treating health care provider's letter for any absence due to illness or injury, depending on the nature and/or length of the absence. A treating health care provider's letter is mandatory after 3 consecutive work days off for illness or injury stating that the resident/fellow may return to work. A treating health care provider's letter is also mandatory in order for a resident/fellow to work following a hospital visit (ED or inpatient). Every program has its own policy on the handling of sick days that may add requirements to this policy. Residents/fellows are required to know and also follow their specific program policy. At a minimum, a resident/fellow must notify their program office and appropriate supervising physician as soon as known, but clearly before their shift begins, if absent due to illness or injury.

Taking any leave (especially when multiple leaves or absences occur in the same contract year) may extend the time necessary to complete the program requirements for graduation as well as for Board eligibility (see [Contract Extension Due to Leave Guidelines Policy](#)). Residents/Fellows are responsible for understanding their Residency Review Committee/Program requirements for program completion as well as their Board requirements regarding Board eligibility, specifically as it relates to time away from their program.

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