POLICY AND PROCEDURE UNIVERSITY OF NORTH CAROLINA HOSPITALS GRADUATE MEDICAL EDUCATION PAID TIME OFF

The paid time off ("PTO") policy for residents and subspecialty residents at the University of North Carolina Hospitals is a minimum of fourteen (14) calendar days annually. Scheduling of all PTO must be made with the approval of the Program Director (or Department Chair, if appropriate), who will take into consideration service responsibilities, call schedules, attendance at professional meetings and holiday schedules.

Additional leave, if required, may be authorized by the Program Director (or Department Chair, if appropriate) in conjunction with the Executive Associate Dean for GME and Executive Vice President and COO under the terms, conditions and limitations of the Resident and Subspecialty Resident Family and Medical Leave Policy.

PTO will not carry over from one academic year to the next.

Leave may also be granted for residents and subspecialty residents who have a serious medical illness but who do not qualify for family medical leave. Such leave can only be authorized by the Program Director (or Department Chair, if appropriate) in conjunction with the Executive Associate Dean for GME. Paid leave for serious medical illness will not exceed six weeks (42 calendar days) a year, and requires exhaustion of all PTO time. Serious medical illness leave cannot exceed twelve weeks a year, including both paid and unpaid leave, and must be supported by a doctor's certification.

A doctor's certification should include the following:

- The date on which the serious medical illness began;
- The probable duration of the condition;
- The appropriate medical facts regarding the condition; and
- A statement that the resident is unable to perform the functions of his/her position because of a serious medical illness.

A resident is prohibited from moonlighting while out on serious medical illness leave.

NOTE: Residents who request extended leaves for any reason, including involuntary leaves of absence such as for serious medical illness, must be

informed about the potential effect of such leave on satisfying the criteria for completion of the residency program, based on specialty or subspecialty board requirements and RRC requirements.

Written and Approved by GMEAC: November 1998 Executive Committee Approval: December 14, 1998 GMEC Reviewed and Approved: November 15, 2000 GMEC Reviewed and Approved: December 19, 2001 MSEC Approval: February 4, 2002 GMEC Reviewed and Approved: September 21, 2005 November 15, 2006 GMEC Reviewed and Approved: Revised to reflect change in titles: March 28, 2007 GMEC Reviewed and Approved: December 17, 2008 MSEC Approval: January 12, 2009 GMEC Reviewed and Approved: March 17, 2010 GMEC Reviewed and Approved: April 20, 2011

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