

Duke University Medical Center Department of Medicine Leave Worksheet for Residents and Fellows

This worksheet is designed to assist trainees in evaluating their options for paid leave and determining the potential impact on completion of training

STEP 1: Read the attached Department of Medicine Leave Policy.

STEP 2: Arrange an appointment with your Program Coordinator to review options, required paper work to submit.

	6-week option	9-week option	12-week option	Other option
	ABIM	ABIM	ABIM	
	Vacation	ABIM	ABIM	
	Vacation	ABIM	ABIM	
	Vacation	ABIM	ABIM	
	Transitional	Vacation	Vacation	
	Transitional	Vacation	Vacation	
		Vacation	Vacation	
		Transitional	Duke Policy	
		Transitional	Duke Policy	
			Duke Policy	
			Transitional	
			Transitional	
SUMMARY OF OPTIONS:	6 weeks, paid	9 weeks, paid	12 weeks, paid	
ABIM Weeks	1	4	4	
Vacation Weeks	3	3	3	
Duke Policy			3	
Transitional Weeks	2	2	2	
Makeup time required	0	3 weeks, paid	6 weeks, paid	?
Within these parameters, leave time is paid, and make-up time is paid.				

KEY:

ABIM Up to 4 weeks of leave allowed under ABIM time-in-training (11 out of 12 months) rule.

VACATION Up to 3 vacation weeks may be consecutively scheduled (makeup time may be required).

DUKE POLICY Up to 3 weeks of Duke Policy "paid parental leave".
Will require make-up of up to 3 weeks of training time

TRANSITIONAL Up to 2 transitional weeks of limited clinical duty & educational modules that will count as time in training.

STEP 3: Please fill in below the requested information and then initial the blank beside the leave option that you prefer.

NAME:

Training Program: _____

PGY Level/Program Level: _____

Program Director: _____

Program Administrator: _____

DUE DATE: _____

PREFERRED LEAVE OPTION:

6-week option (no make-up time required) _____

9-week option (training will be extended to make up 3 weeks of leave time) _____

12-week option (training will be extended to make up 6 weeks of leave time) _____

Other option - please provide details in "other option" column, above, and indicate here the number of make-up weeks that will be required. _____

MAKE-UP WEEKS REQUIRED: _____

PAID LEAVE WEEKS: _____

UNPAID LEAVE WEEKS: _____

STEP 4: After reviewing with program director, sign below and obtain signatures from Drs. McNeill, Sundy, and Schanberg. Please make a copy for your records and return the original to Program Coordinator to processing

(1) _____
Trainee's signature Date

(2) _____
Randy Heffelfinger Date
Department of Medicine

(3) _____
Diana McNeill, M.D. Date
Director, Internal Medicine Residency Program
Vice-Chair, Medical Education

(4) _____
Program Coordinator Date