

Well-Being Flex Days Submission Form

Policy: All Residents/Fellows receive a maximum of three (3) paid Flex Days per academic year. Unused Flex Days do not carry over to the following academic year. Flex Days must be used in one full day increments and require pre-approval by the program director.

Flex Days are intended to assist residents/fellows in managing personal issues (such as health appointments or other scheduled well-being appointments) or unexpected life events (such as home, family or personal situations that require time away from work). Flex Days are not intended to extend approved vacation time or holidays, substitute for unapproved vacation time or holiday requests, to be taken to avoid work assignments (such as night or weekend shifts), or to replace the use of any other leave covered in this policy for which the resident/fellow is eligible.

In a resident/fellow's senior year when fellowship/post training interviews may occur, or in the case of a preliminary program resident interviewing for a categorical position, three (3) additional flex days may be granted exclusively for the purposes of interviews. The program director may request documentation of a scheduled interview.

Flex Days should be scheduled in advance via written request to the Program Director or designee using the program's leave approval process or using this GME Flex Time Off Request Form.

Unless requested for an interview, a resident/fellow is not required to disclose why they wish to use a Flex Day; however, the program director or designee may ask a resident/fellow to voluntarily self-disclose, especially if concerned about Resident/Fellow well-being or if concerned that the policy is being used inappropriately. If the program cannot accommodate the time away due to patient care needs, the program director or designee may deny a resident/fellow's request to use a Flex Day. For any denials, the program director or designee will notify the resident/fellow of the reason for the denial.

To be completed by resident/fellow:

Resident/Fellow Name: _____ Today's Date: _____

Flex Date(s) Requested: _____

Reason of request (optional): _____

To be completed by Program Coordinator:

Number of Flex Days Already Used this Academic Year: _____

To be reviewed and approved by Program Director:

Flex Day Approved: _____ Approved _____ Denied

Reason for Denial (optional): _____

Program Coordinator should notify resident/fellow of flex day approval/denial