



<b>Classification:</b> Human Resources	<b>YALE NEW HAVEN HEALTH POLICY &amp; PROCEDURES</b>	
<b>Title:</b> Leave of Absence—Personal		
<b>Date Approved:</b> 05/05/2016	<b>Approved by:</b> System Operating Committee	
<b>Date Effective:</b> 06/01/2016	<b>Date Reviewed/Revised:</b> June 28, 2016	
<b>Distribution:</b> HR policy standardization update to YNHHS managers. Additional communication by respective HR team to managers. MCN Policy Manager	<b>Policy Type (I or II):</b> Type I	
<b>Supersedes:</b> Leave of Absence (BH F:2), Leave of Absence-Personal (BH F:4), Personal Leave of Absence (GH F2), Leave of Absence-Personal (HSC II.C.1), Personal Leave of Absence (Grimes H:2), Personal Leave of Absence (NEMG F:5), Personal Leave of Absence (YNHH H:2), Leave of Absence-Personal (YNHHS II.C.1)		

## PURPOSE

Yale New Haven Health System (YNHHS) recognizes that employees may need to request extended time away from their job for a variety of reasons. As such, YNHHS offers employees the opportunity to request time off, whether paid or unpaid, in accordance with the guidelines as set forth below.

Any leave or combination of personal leaves may not exceed sixty (60) calendar days in any rolling twelve (12)-month period unless otherwise permitted by law. Unless otherwise noted, all personal leaves of absence are concurrent and count towards the 60-day maximum.

Leaves of absence for personal reasons are provided in a consistent and equitable manner at the discretion of the department head. Some reasons for requesting a Personal Leave include to voluntarily participate in disaster/emergency relief efforts (such as with the American Red Cross, etc.) and medical missions (such as with Doctors Without Borders, etc.).

Note: Employees who are unable to work due to a medical or health condition and who are ineligible for Family Medical Leave may be granted a “non-FMLA medical leave” subject to the department’s ability to accommodate and administrative approval subject to the same terms and conditions as a personal leave of absence.

## Leave of Absence—Personal

### APPLICABILITY

This policy shall apply to the Yale New Haven Health System (YNHHS), its parent and subsidiary corporations, including but not limited to its Delivery Network hospitals (Bridgeport Hospital, Greenwich Hospital, and Yale New Haven Hospital), Northeast Medical Group, Yale-New Haven Care Continuum (d/b/a Grimes Center), Corporate Professional Business Services (CPBS), each of their respective parent and subsidiary corporations, and each affiliated entity owned by or under common ownership and control with any of the foregoing, with the exception of Lawrence + Memorial Hospital, Westerly Hospital, and VNA of Southeastern Connecticut.

This policy is applicable except where it is expressly superseded by collective bargaining agreements.

### POLICY

Employees are eligible to request a personal leave of absence for a period not to exceed sixty (60) calendar days if they are regular, benefits-eligible employees who have successfully completed sixty (60) calendar days of employment and are in good standing. Employees may apply for up to sixty (60) days of Personal Leave once in a rolling twelve (12) month period. PTO time accrued prior to the leave must be used to pay employees on a Personal Leave. Employees have the option to leave one (1) week of PTO in their balance. Once accrued PTO has been used, any remaining days of the leave will be unpaid.

### PROCEDURE

#### A. Administrative guidelines

1. Such request for leaves shall be made in writing, using the “Application for Personal Leave of Absence Form” attached to this policy, to the department head. If possible, the employee must provide 30 (thirty) calendar days’ notice. If that is not possible, the employee must give as much prior notice as is practicable.
2. Employees on an unpaid personal leave of absence (or any other type of leave, whether paid or unpaid) may not seek or accept employment with any other employer or within YNHHS.
3. The department head shall review the request for leave of absence for personal reasons and provide written response to the employee. The following factors shall be considered:
  - a. The effect the leave will have on the operational and staffing requirements of the department to carry out its responsibilities.
  - b. The length of time requested by the employee.
  - c. The employee’s position and length of service.
  - d. The purpose for which the leave is requested.

## Leave of Absence—Personal

4. A leave of absence for personal reasons of up to sixty (60) calendar days in a twelve (12) month period may be approved by a department head. In extenuating circumstances when the requested leave for personal reasons exceeds sixty (60) days, it must be approved by the vice president responsible for the department.
5. For approved personal LOA, the status change must be submitted to HRIS via Management Self Service (MSS) in order to be effective in the pay period containing the first day of the leave. If it the leave is retroactive, it must be authorized by the vice president responsible for the department.
6. An employee must notify his/her manager of intent to return to work at the earliest opportunity, but no less than one week prior to return.
7. When the employee returns to active status, the status change should be submitted so that it is effective for the pay period during which the return date falls. Any retroactive processing requires authorization by the vice president responsible for the department.

### B. Status of compensation and benefits while on Personal Leave of Absence

#### 1. Compensation

- a. Paid Time Off (PTO) accrued prior to the leave must be used prior to the commencement of unpaid leave (Refer to PTO Policy). Employees have the option to leave one (1) week of PTO in their balance.
- b. Performance review date: The manager is expected to perform the review promptly on the employee's return from a leave if the leave extends beyond the employee's annual performance review date. Any pay increase would be retroactive to the initial review date. Notes: Absences beyond 16 weeks would result in proration of the increase. Review dates are not adjusted due to any type or duration of leave of absence.

#### 2. Benefits continuation

- a. Benefits (health care and life insurance) will continue while an employee is out on a personal leave of absence. Any portion of the leave that is paid using PTO will have benefit deductions taken. For any portion of the leave that is unpaid, the benefit deductions will go into arrears and will be taken when the employee returns to work.
- b. PTO accrual will continue only for the PTO portion of the employee's leave of absence as outlined in PTO policy.

## REFERENCES

Addendum: Application for Personal Leave of Absence

## Leave of Absence—Personal

### **RELATED POLICIES**

PTO Policy

Review Date Policy

## Leave of Absence—Personal

**APPLICATION FOR PERSONAL LEAVE OF ABSENCE**

To: \_\_\_\_\_  
(Department head)

From: \_\_\_\_\_  
(Employee name **and** employee ID #)

Re: Personal Leave of Absence Request and Approval Form

I am requesting a Personal Leave of Absence for the period and reason indicated below:

Leave to begin: \_\_\_\_\_ To end: \_\_\_\_\_

Reason:

\_\_\_\_\_

I understand that:

- Personal Leave is an approved period of unpaid absence from work for those employees who are not eligible for other types of leaves of absence
- Personal Leave is only granted for good cause, and only if the leave does not adversely or significantly impact the quality of patient care and/or department operations.
- This requested personal leave is within the sole discretion of my employer and is subject to the following conditions:
  - I must try to provide my employer with 30 calendar days' notice of this request if possible. If that is not possible, I must give as much prior notice as is practicable.
  - I will not use the personal LOA to seek or accept employment with another employer or within YNHHS.
  - I must speak with my supervisor regarding my status and intent to return to work. If the circumstances of my leave change and I am able to return to work earlier than the date indicated on this form, I will notify my supervisor no less than one week prior to the date I intend to report to work.
  - I understand that my healthcare and life insurance benefits will continue for the first 30 calendar days while on a Personal Leave of Absence. If this leave extends beyond 30 calendar days, I understand that I will be responsible for any unpaid premiums for my healthcare and life insurance benefits beyond the 30th day of this leave as indicated in the YNHHS LOA—Personal Policy.

Address **and** phone number where I can be contacted during LOA:

\_\_\_\_\_

Employee signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Department head signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leave of Absence—Personal

\*\*\*\*\*

To be completed by Human Resources:

Leave approved: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Leave denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial:

\_\_\_\_\_

Last revised July 27, 2015