

## **Resident/Fellow Vacation Donation**

This procedure is to allow residents/fellows to donate vacation time to another resident/fellow who has a catastrophic situation or is out on a medical leave of absence and has exhausted all eligible paid time off. Catastrophic situations are events that have an overwhelming impact on one's ability to work (e.g., serious illness, needing to care for a seriously ill immediate family member, tragic acts of nature).

### **Donating Vacation Time**

Residents/Fellows can donate vacation time only if it is in their bank and eligible for use. They can only donate to other residents/fellows.

Full-time residents/fellows can donate up to a maximum of 16 hours of vacation time per academic year.

Residents/Fellows who wish to donate vacation time must complete the attached form and submit it to their Program Coordinator and Department of Medical Education (DME).

### **Using Donated Vacation Time**

To qualify for receipt of donated vacation time, a resident/fellow in a catastrophic situation or on a medical leave of absence must have exhausted all eligible paid time off.

Residents/Fellows can receive donated vacation time each year up to a maximum that is equal to their own yearly vacation bank.

Time is transferred and used as needed during the recipient's leave of absence. Unused donated vacation time is returned to the donor in the order that it was received.

### **Process**

Donating resident/fellow completes the *Resident/Fellow Request to Donate Vacation Time* form (attached)

Resident/Fellow returns completed form to their program coordinator and DME.

DME will apply any donated time to the LOA and notify the program coordinator of any unused donations.

**RESIDENT/FELLOW REQUEST TO DONATE  
VACATION TIME**

I wish to donate vacation time to another resident/fellow.

My Name (please print): \_\_\_\_\_

Number of hours I would like to donate: \_\_\_\_\_  
(Full-time employees may donate up to 16 hours per academic year)

Recipient's name: \_\_\_\_\_

I understand that PTO donations are transferred on an as-needed basis in the order in which they are received and any unused days will be returned to me.

\_\_\_\_\_  
Employee Signature Date

Send this form to both your program coordinator and DME. DME will notify your coordinator if any days are returned.

Medical Education Coordinator will date stamp this form upon receipt.