

## PERSONAL &amp; CONFIDENTIAL

&lt;&lt;Date&gt;&gt;

&lt;&lt;firstname&gt;&gt; &lt;&lt;lastname&gt;&gt;, &lt;&lt;credentials&gt;&gt;

&lt;&lt;street&gt;&gt;

&lt;&lt;street2&gt;&gt;

&lt;&lt;city&gt;&gt;, &lt;&lt;state&gt;&gt; &lt;&lt;zipcode&gt;&gt;

Re: Letter of Agreement for the Employment of <<firstname>> <<lastname>>, <<credentials>> in Moffitt's <<program>> Fellowship Program (the "Letter of Agreement").

Dear Dr. &lt;&lt;lastname&gt;&gt;:

The H. Lee Moffitt Cancer Center and Research Institute Hospital, Inc. ("Hospital") is pleased to offer you employment and acceptance in the <<program>> Fellowship Program as a **PGY <<pgy>>** (the "Fellowship Program"). To follow are the terms and conditions of your employment and participation in the Fellowship Program:

1. The start date of your employment in the Fellowship Program will be <<startdate>> and is anticipated to continue until <<enddate>> unless otherwise terminated as set forth in Section 9 of this Letter of Agreement. Any time away from training or leaves of absence beyond the allotment of twenty-five (25) days of Paid Time Off described in Exhibit A of this Letter Agreement may extend the end date of the training program (see Exhibit A of this agreement).
2. During the Fellowship Program, you must be under the supervision and control of the Program Director and Faculty. As used in this Letter Agreement, the term "Program Director and Faculty" means members of the Hospital's medical staff who are assigned responsibility for training, instruction, supervision, and control of members of the Fellowship Program.
3. Your rotation and scheduling of services at the Hospital, the dates and hours of service, allotted leave time, level of supervision, evaluation, appointment, re-appointment, discipline, and any termination shall be determined, as applicable, by the Hospital. In programs with a training length greater than the term of this agreement, it is expected that your successful performance of your responsibilities under this agreement will merit an additional agreement to cover the next term of training and a promotion to the next program year level.
4. The Hospital shall pay you a base salary that annualizes to <<compensation>>. You shall be entitled to the benefits set forth in Exhibit "A", which are subject to change pursuant to the Hospital's sole and absolute discretion. As a fellow receiving health insurance at a special rate, you are not eligible for any health insurance incentives such as the "Wellness Credit" or any other cost-reducing programs the Hospital shall design for its employees. The Hospital will reimburse you for any applicable subspecialty board review expenses incurred during the term of this agreement.
5. Your position will be a 1.0 FTE (100%) member in the Fellowship Program. As a 1.0 FTE member, you agree to and are required to devote your full time, energy and attention to your duties and responsibilities pertaining to the medical profession within the Hospital and shall not engage in any outside medical-related activities unless approved in advance by your Program Leader and GME Chair. Notwithstanding the foregoing, in the event you meet certain licensing and privileging criteria, you may apply to perform additional paid moonlighting activities at the Hospital provided that you obtain advance written approval from your Program Director and the Chair of Graduate Medical Education and enter into a separate agreement setting forth such responsibilities.
6. As part of your clinical activities in the Fellowship Program, you agree to provide medical services under the supervision of your Program Director and Faculty and consistent with your scope of practice established in accordance with the requirements of the Fellowship Program and the pertinent specialty Board, and to undertake clinical related activities at the Hospital at the direction of the Hospital and your Program Director and Faculty. You shall not directly or indirectly participate in patient care activities until you have successfully completed the Hospital's application and credentialing process and have been approved by the Hospital's Office of Graduate Medical Education and Human Resources Office. You agree to comply with all Hospital's billing policies, procedures and rules so that the Hospital may appropriately account for and bill for your medical services. You also agree to comply fully with the Hospital's policies and procedures and the Hospital's Medical Staff Bylaws, rules, regulations, policies and procedures, including without limitation, the policies and procedures concerning appropriate health status screens, communicable diseases, vaccinations and clearance to work at the Hospital should you have any symptoms of sickness. You also agree to comply fully with the Office of Graduate Medical Education policies and procedures governing the education programs and your activities within them. Throughout your

participation in the Fellowship Program, you shall display your name tag or other authorized identification at all times while on Hospital property.

7. Your initial employment in the Fellowship Program and the continuation of your participation in the Fellowship Program at the Hospital are contingent upon: (i) your prior completion of the appropriate academic prerequisites and other appropriate credentials for your Fellowship Program; (ii) obtaining all appropriate or required licenses or registrations to provide medical services in the Fellowship Program, including current BLS and ACLS certification; (iii) successfully completing the Hospital's application and credentialing process, including but not limited to, satisfactory completing all application and licensure forms from the Hospital's Human Resources Office and Office of Graduate Medical Education; (iv) successfully completing a background check, drug screening, reference check and sanction check; (v) successful completion of the enhanced screening required by Section 4 of Florida Statute 1010.35, required for specific applicants applying to Moffitt; (vi) obtaining all required immunizations; (vii) successful completion of electronic health record training; and (viii) your continued compliance with the Hospital's Medical Staff Bylaws, rules, regulations, policies and procedures. In addition, prior to the start of your employment in the Fellowship Program, you will need to provide proof: (i) of completion and passage of USMLE Step I, II and III or COMLEX, as applicable; (ii) of verification of successful application of a license to practice medicine with the Florida Board of Medicine; and (iii) if you are not a United States citizen, that you are a legal permanent resident of the United States or that you have a visa or other authorization to work legally at Moffitt Cancer Center.
8. Throughout the Term, the Hospital will maintain on behalf of itself and you, in amounts consistent with industry standards and/or applicable law, professional liability insurance coverage on a "claims made" basis. Such insurance shall cover training related activities you perform during the Term. Upon termination of this agreement, the Hospital will provide "tail coverage" for this policy at its sole expense. The coverage will include legal defense and protection against awards from claims reported or filed after the completion of the training program if the alleged acts or omissions of the trainee are within the scope of the training program. The coverage does not extend to activities related to moonlighting or other agreements. You may obtain, at your sole cost and expense, supplemental professional liability insurance coverage if you so desire. You acknowledge and agree that Hospital shall not be liable for any of your acts occurring prior to your employment under this Letter of Agreement ("Prior Acts"). You also agree to indemnify, defend, and hold Hospital harmless with respect to such Prior Acts.
9. You acknowledge that your employment in the Fellowship Program at the Hospital is on an at-will basis and that acceptance of this Letter of Agreement is not a contract for any specified period of time. The Hospital, at any time and at its sole discretion, may remove you from its facilities and from providing services hereunder, if your conduct or work with patients or personnel is not, in the opinion of the administration of the Hospital, in accordance with Hospital's standards of performance.
10. You acknowledge and agree that all medical, patient, business and financial records, correspondence, and other documents generated by you, or the Hospital do not belong to you, and that the Hospital is the "records owner" under Florida law.
11. You acknowledge that the Hospital, through its acceptance of you in the Fellowship Program, has provided you with special, unique, and extraordinary training and experience, business and professional contacts, and the ability to treat and otherwise have access to the Hospital's and its affiliates' patients and clients, all of which are solely the result of your participation in the Fellowship Program at the Hospital. In consideration of the foregoing and the protection of the Hospital's goodwill, you agree to, for a period of three (3) years from the conclusion of Fellowship Program at the Hospital, not, directly or indirectly, solicit, induce, attempt to solicit or induce, or otherwise communicate with any of the employees or patients of Hospital with the purpose or result of causing such persons to terminate or change their employment or medical relationship, as appropriate, with the Hospital, as the case may be. You agree that a breach of this Section 11 would cause the Hospital irreparable harm and that the Hospital shall be entitled to seek whatever remedies, in law, equity or otherwise, it deems appropriate in the event of such breach. This Section 11 shall survive termination or expiration of this Letter Agreement.
12. You acknowledge and agree that the payments by Hospital set forth in this Letter of Agreement are not conditioned on your referral of patients to the Hospital, or any other entity, and are not calculated in a manner that takes into account the volume or value of any referrals by you to the Hospital or any other entity, if any, or the value of other business generated between you and the Hospital. Any referrals by you to the Hospital shall be uncompensated and shall be based solely on your medical judgment and the best interests of the patient. You agree to exercise independent medical judgment in your practice of medicine and in the performance of all professional services for your patients.

13. You hereby represent and warrant that your execution and performance under this Letter Agreement does not conflict with, or result in, any violation of any other agreement, arrangement, or provision to which you are a party, including without limitation, any non-competition agreements with a third party.
14. In any action or dispute, at law or in equity, that may arise under or out of, or which otherwise relates to this Letter Agreement, the prevailing party shall recover its legal expenses, including reasonable attorneys' fees, legal assistants' fees, costs, and expenses, from the non-prevailing party in addition to any other relief or remedy to which the prevailing party may be entitled.
15. This Letter Agreement shall be governed by and construed under the laws of the State of Florida. The venue of any dispute arising from this Letter Agreement shall be in the courts in Hillsborough County, Florida. The parties hereby knowingly and voluntarily waive any right you may have to a trial by jury with respect to any action or claim arising out of or related to this Letter Agreement.
16. You acknowledge and agree that this Letter of Agreement constitutes the entire agreement between the parties and supersedes and renders null and void any previous agreements or statements, whether written or oral, including any letter of intent, between the parties.

You will receive instructions to follow via email regarding the pre-hire and Orientation requirements that you must complete successfully prior to <<startdate>>. Also, in the event you do not currently possess the required licensure or registration to provide medical services in the Fellowship Program in the State of Florida, please immediately begin the process to obtain such licensure or registration to avoid any delay in your anticipated start date.

If you would like to accept employment in the Fellowship Program under the terms and conditions outlined above, please sign the Acknowledgment and Acceptance below by <<oneweekaftersendcontractdate>>. The signed document will be uploaded into our residency management system in New Innovations and will served as your formal acceptance of this agreement.

We look forward to you joining our team and contributing to the mission of the Moffitt Cancer Center.

Sincerely,

Odion Binitie, MD  
Chair of Graduate Medical Education  
Associate Member, Department of Sarcoma  
H. Lee Moffitt Cancer Center and Research Institute Hospital, Inc.  
Associate Professor, Department of Orthopedics and Sports Medicine  
University of South Florida Morsani College of Medicine

***Acknowledgement and Acceptance:***

I, <<firstname>> <<lastname>>, <<credentials>> hereby accept employment by the Hospital in the Fellowship Program under the above stated terms and conditions. I understand that my anticipated start date will be <<startdate>> pending successful completion of all pre-hire and Orientation requirements.

<<sig1\_\_\_\_\_>>

<<firstname>> <<lastname>>, <<credentials>>

cc: Human Resources  
<<program>> Program Director

Enclosures: Exhibit A  
Benefits Information Sheet  
Medical Benefits Highlights  
Policy GME-118 Paid Time Off  
Policy GME-110 Educational Funds



#### EXHIBIT "A"

As a Fellow employed by Moffitt Cancer Center during Academic Year 2023-2024, you will receive the following benefits:

- Medical insurance: premiums off-set by a stipend for your own coverage, and at a shared-cost basis for your spouse and/or dependents. You are not eligible for the "Wellness Credit" or any other cost-reducing plan.
- Employee Assistance Program (EAP) which provides confidential mental health support and counseling as well as other wellness supports for trainee work/life balance at no cost to the trainee.
- Disability insurance: premiums at a shared-cost basis for your coverage
- Other insurance coverage as described in the enclosed Clinical Fellows Benefit Summary.
- Annual Paid Time Off:
  - For holidays, sick time, vacation time and personal time, when no medical leave of absence is elected: 25 days
  - In the case of a medical leave of absence: 30 days plus 5 days additional for holidays, unrelated sick time, vacation time and personal time
  - Any leave taken over the 25 days (in the absence of a medical leave of absence) or 35 days (in the case of a medical leave of absence, which includes parental leave) may increase the time needed to complete the training program. Training program length is at the discretion of the Program Director, in consultation with the Chair of GME and Chief Academic Officer, guided by any applicable accreditation or certification requirements applicable to the training program.
- Paid time off for educational needs such as conferences, interviews, speaking engagements, study time: 5 days
- Education fund for conferences, books, subscriptions, and other needs specific to training in your program: \$3,500

Benefits are subject to Moffitt Cancer Center and/or Moffitt Cancer Center Graduate Medical Education policies and procedures.

# MOFFITT BENEFITS: INFORMATION FOR CLINICAL FELLOWS

As a Moffitt team member, you have access to a comprehensive benefits package that includes:

- **Moffitt-paid Choice International medical plan\*** with optional employee-paid coverage for eligible dependents
- **Six weeks (30 workdays) of medical leave** for a qualifying event paid at 100% salary
- **Dental coverage** through two available plan options
- **Vision coverage** — optional
- **Medical Flexible Spending Account and Dependent Care Flexible Spending Account**
- **Basic Life and AD&D** — Moffitt paid
- **Supplemental Life and AD&D Insurance**
- **Short-term disability insurance** — Moffitt paid core and optional buy up
- **Long-term disability insurance** — Moffitt paid core and optional buy up
- **Employee Assistance Program (EAP)** — Moffitt paid
- **Variety of special Moffitt perks and other supplemental programs**

## Enrollment

You must enroll using the online benefits enrollment system within your first 30 days of employment. If you do not enroll during your first 30 days, you will be automatically enrolled in the Moffitt paid benefits (Life, AD&D, Core LTD, Core STD and EAP) only. Coverage is effective the later of July 1 or the first day of your contract through the end of the contract period.

Eligible dependents include your spouse/domestic partner and children up to age 26.

## Paid Time Off (PTO)

Fellows receive 25 PTO days per contract. If your contract is for less than one year, you will receive a prorated number of PTO days. You may use your PTO days for vacation, holidays, sick days and personal time.

Fellows who elect a medical leave during the contract will receive 5 PTO days in addition to the medical leave.

Your PTO bank is immediately accessible to you with approval from your program director. Any unused PTO days during the fiscal year will be lost. They do not carry over to the next fiscal year or new contract and cannot be cashed in.

Voluntary benefits and team member discounts are available through Corestream at [MoffittTeamExtras.com](http://MoffittTeamExtras.com).



For more information on the benefits available to you, see **Your Benefits: A Guide for Team Members**.

## The HR Answer Center

Have questions? The HR Answer Center has answers.



813-745-4000



[hrquestions@moffitt.org](mailto:hrquestions@moffitt.org)



# 2023 Medical Benefits Highlights

## *Moffitt Employed Fellows*

*Aetna International Plan*



Moffitt Employed Fellows, a group comprised of Post-Doctoral Fellows and Moffitt Employed Clinical Fellows, are provided with free employee-only medical insurance through Aetna International. You are automatically enrolled in the Aetna International Choice Plan with individual coverage, effective upon date of hire. Moffitt Employed Fellows may choose to add dependents to the plan at your own cost and may choose to elect the Aetna International Value Plan when adding family to step down in costs. If Moffitt Employed Fellows have dependents they wish to cover on the insurance, they will need to add them as a dependent when making plan elections. This includes dependents who are on a J-2 Visa.

The Aetna International Medical plans are fully compliant with the US Department of State mandates for J-Visa holders and offers comprehensive medical coverage for all Moffitt Employed Fellows, regardless of visa status. Moffitt Employed Fellows are eligible to participate in the most of the benefit programs detailed in Moffitt's annual benefit guide, including but not limited to dental, vision, life and disability insurance.

## How to Enroll

Moffitt Employed Fellows are automatically enrolled in the Aetna International Choice medical plan. To add dependents and to elect additional coverage like dental and life, access the benefit enrollment system using Chrome or Firefox browsers via <http://benefits.moffitt.org>. Log in using your Moffitt network credentials.

If you don't enroll during your first 30 days of employment, you'll be automatically enrolled in the Choice International medical plan with individual only coverage and the Moffitt-paid benefits. Your next opportunity to enroll will be during the next open enrollment period, unless you have a qualifying life event.

## Who's Eligible?

**You:** You are eligible for the benefits described in this flyer if:

- You are a regular, full-time Post-Doctoral Fellow or Moffitt Employed Clinical Fellow hired to work 64 hours or more biweekly, or
- You are a regular, part-time Post-Doctoral Fellow or Moffitt Employed Clinical Fellow hired to work 40 hours or more biweekly.

**Your Dependents:** You may also include your eligible dependents for benefits coverage. Eligible dependents include your:

- Legal spouse/domestic partner (same or opposite sex).
- Dependent children and dependent children of your legal spouse/domestic partner, up to age 26.

You must upload documentation to support your dependent(s) eligibility to the benefits enrollment system. Examples of documentation may include copy of J-2 Visa, marriage certificate, birth certificate, etc.

### Open Enrollment Period

Each year, you can review your current benefits and decide what is right for you for the upcoming year. During the open enrollment period, you can add or drop coverage, add or drop dependents, or change to different plans that may better meet your needs. After open enrollment, you may not make changes until next year's open enrollment period, unless you have a qualifying life event.

### Qualifying Life Events

Qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Death of dependent
- Loss or gain of other coverage by you or a covered dependent
- Eligibility for Medicare by you or a covered dependent
- Covered dependent turns age 26

If you have a qualifying life event, access the benefits enrollment system within 30 days following the event's occurrence to make changes to your coverage. After 30 days, you may not make most benefit changes until the next open enrollment period. You must upload documentation that supports the Qualifying Life Event.

## When to Enroll

### New Hires

If you are a new hire and eligible for benefits, you must enroll within 30 days of your start date. Medical benefits are effective on your date of hire, but please note that medical plan ID cards are usually mailed 10 - 14 days after your enrollment elections have been processed.

Features	Choice Plan International		Value Plan International	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>				
Individual	\$500	\$1,500	\$500	\$6,000
Family	\$1,500	\$4,500	\$1,500	\$12,000
<b>Annual Out-of-Pocket Maximum</b>				
Individual	\$4,500	\$6,750	\$6,550	\$13,100
Family	\$8,250	\$13,500	\$13,100	\$26,200
<b>Services</b>				
<b>Preventive Care<sup>1</sup></b>	100%	50% <sup>1</sup>	100%	50% <sup>1</sup>
<b>Doctor's Office Visit</b>				
Primary Care Physician	\$30 <sup>1</sup>	50% after deductible	\$45 <sup>1</sup>	50% after deductible
Specialist	\$50 <sup>1</sup>	50% after deductible	\$65 <sup>1</sup>	50% after deductible
<b>Lab and X-Ray</b>				
CT, MRI, PET Scans, Other Lab and X-Ray Tests	25% after deductible	50% after deductible	25% after deductible	50% after deductible
<b>Hospital Services</b>				
Inpatient	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient	25% after deductible	50% after deductible	25% after deductible	50% after deductible
<b>Emergency Room Services</b>	\$250 <sup>1</sup>	\$250 <sup>1</sup>	\$500 <sup>1</sup>	\$500 <sup>1</sup>
<b>Urgent Care Services</b>	\$50 <sup>1</sup>	50% after deductible	\$75 <sup>1</sup>	50% after deductible
<b>Durable Medical Equipment</b>	25% after deductible	50% after deductible	25% after deductible	50% after deductible
<b>Prescription Drugs</b>	Generic/Brand/Non-Formulary		Generic/Brand/Non-Formulary	
<b>Annual Out-of-Pocket Maximum</b>	Combined with medical		Combined with medical	
Retail – 30-Day Supply	\$15/\$35/\$75		\$20/\$50/\$70	
Specialty	\$150 copay		\$150 copay	

<sup>1</sup> Deductible does not apply.

BI-Weekly Rates	Choice Plan International		Value Plan International	
<b>FT \$101,000+</b>				
Team Member Only	\$0		\$0	
Team Member + Spouse/DP	\$114.52		\$76.94	
Team Member + Child(ren)	\$75.86		\$51.32	
Family	\$150.37		\$100.69	
<b>FT \$51,000 – \$100,999</b>				
Team Member Only	\$0		\$0	
Team Member + Spouse/DP	\$101.01		\$73.46	
Team Member + Child(ren)	\$66.35		\$49.06	
Family	\$133.16		\$96.08	
<b>FT &lt; \$51,000</b>				
Team Member Only	\$0		\$0	
Team Member + Spouse/DP	\$78.18		\$54.13	
Team Member + Child(ren)	\$51.52		\$35.84	
Family	\$102.91		\$71.10	

Official plan documents are the definitive source of information. Electronic copies are available on the Benefits Enrollment System Library.



## Policy: *Paid Time Off and Educational Days*

<b>Responsible Office:</b> Graduate Medical Education (GME)	<b>Category:</b> Education & Outreach
<b>Authorized:</b> Chair of GME	<b>Policy Number:</b> GME-118
<b>Review Frequency:</b> Annually	<b>Effective:</b> July 1, 2016

### Policy Statement

Under the guidance and advice of the Moffitt Cancer Center Graduate Medical Education Committee (GMEC), the Human Resources Department provides all employed fellows 5 days of educational time and 25 days of paid time off. All days are granted and available for use on the first day of the fellow's academic year. This is stipulated in the GME Letter of Agreement contract and in accordance with Accreditation Council of Graduate Medical Education applicable requirements.

Days do not accrue nor do they roll over into the next academic year. Days are not transferrable nor can they be paid out as cash at the end of the fellow's employment at Moffitt. In limited circumstances and with the prior approval of the Program director, paid time off can be used on the last day(s) of employment.

An additional half-day of wellness time is allotted to trainees once a month, to take care of personal appointments and mitigate fatigue. Trainees should work with their program director and education coordinator to schedule this time. This half-day is not deducted from PTO or education day balances.

Fellows are granted one medical leave during the training program. Medical leaves are up to 30 days in length. Fellows who elect a medical leave forfeit 20 days of paid time off and retain 5 days of paid time off to use outside of the medical leave period. Medical leave requests are subject to the normal procedures and approvals plus require application to and oversight of Moffitt HR as described in Moffitt Institutional HR Policy B-2A Family and Medical Leave Act. Fellows who qualify for FMLA under the federal law as well as those who do not are able to access the medical leave provided by Moffitt Graduate Medical Education. Approved medical leaves do not require an extension of training time, provided they do not exceed 30 days plus the additional 5 days of paid time off taken outside of the medical leave period.

Time away from the training program in excess of 25 days (without an approved medical leave) or 35 days (in the case of an approved medical leave) may incur an extension of the training period. A training period extension will be required at the program director's discretion, in consultation with the Chair of GME and the Chief Academic Officer, guided by the training program's requirements, in order to allow the fellow the time needed to successfully achieve the goals and expectations of the training program.

### Purpose

To ensure equity among trainees in Moffitt training programs and to ensure that trainees receive the time they require for rest, work life balance, family needs and educational needs during the academic year.

### Scope

All trainees employed by Moffitt.

### Procedures

1. At the beginning of each fellow's academic year, the Moffitt GME Office will work with Moffitt HR to load 25 days of paid time off into each fellow's payroll account. This time is reported to the



## Policy: *Paid Time Off and Educational Days*

- designated Moffitt timekeeper and is accounted for and tracked by the Moffitt GME education coordinators.
2. At the beginning of each fellow's academic year, the Moffitt GME Office will grant 5 days of educational time to each fellow. This time is accounted for and tracked by the Moffitt GME education coordinators.
  3. Paid time off and educational time must be approved by the program director through the education coordinator, taking into account the coverage needs of the program and the cancer center.
  4. Educational time is meant to be used to attend conferences, meetings and interviews.
  5. Paid time off is meant to be used for personal time, sick time, vacation time and holiday time.
  6. If a fellow exhausts the educational time bank, the paid time off bank can be used for educational needs. However, the educational time bank cannot be used for personal time, sick time, vacation time or holiday time.
  7. Fellows who work during an official Moffitt holiday will not have that holiday deducted from their paid time off bank.
  8. Limited time off will be granted during the month of June. Priority will be given based on personal trainee circumstances.
  9. The institution encourages programs to allow up to one half day off per month for personal needs ("wellness time"). Wellness time is not counted towards the PTO balance.
  10. Early terminations of no more than 10 business days prior to the stated end date of the Letter of Agreement may be proposed by the program director and approved by the Manager of GME in cases of personal hardship when at least 10 days of paid time off are remaining.
  11. Requests for medical leave must be made to the program director through the education coordinator. From there, the Manger of GME will work with the fellow to submit the notice of intent for leave to HR. The HR process will manage leave eligibility and oversee the application for leave through the third party leave administrator.
  12. If the need for leave is foreseeable, such as in the case of a pregnancy, childbirth, planned medical procedure or similar condition, the fellow should request medical leave at least 30 days prior to the anticipated start of the leave, or as soon as practicable if the need for Medical Leave is not foreseeable.

### Forms

Time off forms are available from the education coordinator for each training program.

### Related Information

N/A

### Education

N/A

### Definitions

Letter of Agreement: the legal document governing the trainee's employment with Moffitt Cancer Center.

Moffitt Training Programs: Oncologic training programs based at Moffitt Cancer Center that employ clinical fellows under Moffitt Letters of Agreement.



# Moffitt Cancer Center

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## **Policy: *Paid Time Off and Educational Days***

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First Day of the Fellow's Academic Year: first day of employment as stated by the Letter of Agreement (contract). This date is usually, but not always, July 1.

Medical Leave: time needed away from the training program related to the birth, adoption, placement for adoption, or fostering a child; a personal illness or injury; or immediate family member's illness or injury.

Immediate Family: spouse, domestic partner, grandparents, parents, stepparents, brothers, sisters, children, and grandchildren of the trainee and/or spouse of the trainee.

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### **References**

ACGME Institutional Requirements July 1, 2022

124 Wellbeing policy

Moffitt Institutional HR Policy B-2A Family & Medical Leave Act

Moffitt Institutional HR Policy ADM-M034 Medical Leave of Absence Policy

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### **Appendices**

N/A

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### **Revision History**

June 16, 2020; October 12, 2021; February 8, 2022; February 14, 2023

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### **Approved by Moffitt Graduate Medical Education Committee**

June 21, 2016

February 14, 2017

February 13, 2018

February 12, 2019

February 11, 2020

June 16, 2020

October 12, 2021

February 8, 2022

February 14, 2023



## Graduate Medical Education

### Policy: *Education Funds*

<b>Responsible Office:</b> Graduate Medical Education	<b>Category:</b> Institutional Oversight & Support
<b>Authorized:</b> Chair of GME	<b>Policy Number:</b> GME-110
<b>Review Frequency:</b> Annually	<b>Effective:</b> July 14, 2014

### Policy Statement

Moffitt Graduate Medical Education provides education funds annually to Moffitt employed trainees and USF employed trainees in Moffitt-based programs. The purpose of the funds is to defray educational expenses of the trainees, travel expenses to and registration fees for attendance and presentations at professional meetings, textbook and journal purchases, Board review courses and similar expenses restricted to the trainee's study of and preparation for their future practice. Per the Moffitt institutional policy ADM-T002, Moffitt will not reimburse for hotel stays within Tampa Bay (defined as Hillsborough, Pinellas, Pasco and Hernando counties). The amount of the funds is reviewed by the GMEC annually and is subject to change. The annual allotment is delineated in each Moffitt employed trainee's contract. All expenses must be approved in advance before the reimbursement request is submitted.

### Purpose

This policy defines the use of the annual education funds provided to trainees by the Office of GME.

### Scope

This policy applies to Moffitt employed trainees and USF employed trainees in Moffitt-based programs.

### Procedures

1. Trainees will work with their Program Administrator to complete an Expense Pre-Approval form. This form should be approved by the Program Director and submitted to the Office of GME prior to the expense being incurred.
2. The GME Manager will review the form and decide what account will be used to cover the expense, if approved. The approved or unapproved form will be returned to the Program Administrator.
3. If the expense is approved, the trainee would then make the purchase. When billed, the trainee will submit itemized receipts including payment information to the Program Administrator. Backup documentation must be complete.
  - a. Registration fees can be paid in advance and will be reimbursed after the conference/course is complete.
  - b. Flights must be booked using the appropriate travel agency. Any exception must be explained and approved by the GME Manager.
  - c. Itemized receipts must be submitted for meal reimbursement. Tax and up to a 20% tip are reimbursable. Meals will only be reimbursed for the trainee—split checks are required when dining with a group. Alcohol purchases are not reimbursable.
  - d. Rental cars are not reimbursable. Trainees are expected to share taxis or take public shuttles for ground transportation when possible to reduce expenses.
  - e. Mileage in lieu of air travel requires explanation and preapproval by the GME Manager.



## Graduate Medical Education

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### Policy: *Education Funds*

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- f. Registration fees must be documented by a copy of the meeting brochure showing the registration fee for trainees.
  - g. Any grants received by the trainee to support the purchase must be disclosed and documented on the preapproval form. The amount of the grant will be applied towards the cost of the purchase. Trainee reimbursement in addition to grant amounts will not exceed the cost of the purchase.
  - h. Moffitt GME retains the right not to reimburse for memberships and subscriptions that have a term that extends beyond the trainee's dates of training.
  - i. Electronics and equipment must be directly related to the education program. Multi-use devices such as iPads, laptops, cell phones, memory such as RAM or jump drives are not reimbursable.
- 4. The Program Administrator will complete the appropriate reimbursement request forms and attach all required documentation.
  - 5. Expenses which are not adequately documented will not be reimbursed.
  - 6. The reimbursement request must be submitted no later than 10 days after the expense is incurred.
  - 7. USF GME guidelines and policy regarding educational expenses applies towards reimbursement dollars held in the USF GME accounts. Please refer to the USF GME website for more information.
  - 8. Trainees employed by USF will receive reimbursement checks in the mail. Trainees employed by Moffitt will receive reimbursement in their paychecks.
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### Forms

Available from the Office of GME

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### Related Information

USF Education Funds Guidelines, <http://health.usf.edu/medicine/gme/education-funds.htm>

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### Education

N/A

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### Definitions

N/A

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### References

Moffitt Institutional Policy ADM-T002

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## **Graduate Medical Education**

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**Policy:** *Education Funds*

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### **Appendices**

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N/A

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### **Revision History**

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February 11, 2020; February 14, 2023

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### **Approved by Moffitt Graduate Medical Education Committee**

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July 11, 2014  
February 9, 2016  
February 14, 2017  
February 13, 2018  
February 12, 2019  
February 11, 2020  
February 9, 2021  
February 8, 2022  
February 14, 2023

**REVISED FEBRUARY**

**Salary Schedule for Academic Year 2024-2025**

Moffitt Employed Fellows July 1, 2024 through June 30, 2025

Fellows employed by Moffitt receive the salary corresponding with their post graduate training level. Fellows receive a benefits package, including vision and dental insurance, on a shared-cost basis. The cost of individual health insurance is offset by a stipend.

<b>Level</b>	<b>AY24-25</b>	<b>Hourly</b>
PGY-3	\$68,250	\$32.81
PGY-4	\$71,416.80	\$34.34
PGY-5	\$74,037.60	\$35.60
PGY-6	\$76,658.40	\$36.86
PGY-7	\$79,825.20	\$38.38
PGY-8	\$85,066.80	\$40.90



# MOFFITT CANCER CENTER

## Surgical Oncology Research Fellowship

### Interviews for AY 24-26

*Thank you for interviewing at Moffitt Cancer Center!*

#### Required Resources

- **Contract sample**  
<https://app.box.com/s/49cps2jy8w8b49nacc7b4h259p5588e1>
- **Stipends**  
<https://app.box.com/s/0kbd79yoxukwida0nk8xhsbzlmbnx9ng>
- **Benefits**  
<https://app.box.com/s/o80r265ihjzjl4p2qecisiphd8oj1k8u>

#### Helpful Resources

- **Zoom breakout room candidate tutorial**  
<https://app.box.com/s/6fspf8fc17mcmiz1zov7z474hqcq336>
- **Surgical Oncology Research website**  
<https://moffitt.org/education/medical-education/our-training-programs/graduate-medical-education-residency-and-fellowship/surgical-oncology-research/>

#### Candidate Acknowledgment

As an applicant invited to interview for a fellow position, I have received the links below: a sample contract letter, salary and benefits information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Program: \_\_\_\_\_