**Purpose: Effective January 1, 2022, this benefit will allow my department to maintain my salary and my reported productivity while reducing my clinical schedule by 12.5% for lactation breaks for a maximum of 6 months. Reported productivity will be protected by a corresponding decrease of 12.5% to the work RVU (wRVU) target.**

**SECTION 1: EMPLOYEE INFORMATION AND ATTESTATION**

**Instructions to Employee**: Please complete all applicable fields, sign, date, and return a copy of this request form to your Administrative Director. This form should be submitted to your Administrative Director as early as possible but generally at least 2 months in advance of anticipated time of use.

**Employee Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Section Phone: Home/Cell E-mail Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Director Phone: Office E-mail Address

**Attestation**

1. I understand that this is a request for financial support **only** for lactation breaks at work.
2. I understand that the paid lactation breaks period will be a single, continuous period of time starting on the agreed-to start date and ending after 6 months, the child’s first birthday, or an earlier date I notify the Administrative Director, whichever is sooner.
3. I understand that I am responsible for notifying my Administrative Director and Department Chair in writing of my start and end dates and I will notify them of any changes to these dates.

Start Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

**SECTION 2: REVIEW BY ADMINISTRATIVE DIRECTOR**

**Instructions to Administrative Director:** Please complete this section and e-mail a copy to BUMG Finance at bumgfinance@bmc.org.

I have calculated the amount of salary support requested by this employee and have reviewed the requested start and end dates. I am submitting this request for review.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual employee salary at 1.0 FTE cFTE\* Salary support at 12.5% of cFTE for the period\*\*

Start Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Director Date

**SECTION 3: REVIEW BY BUMG FINANCE**

**Instructions to BUMG Finance:** Please complete this section and e-mail a copy to the Administrative Director listed above.

I have reviewed the salary support calculation and validated the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary support at 12.5% of cFTE for the period\*

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Director, Budgeting or Designee Date

\*For off-site clinical work, where contract revenue from the host site supports provider salary and reduces cFTE, the contract revenue amount may be used to increase cFTE for the purposes of this benefit

\*\*Actual support costs may vary and will also include fringe

**ADDENDUM TO PAID LACTATION BREAKS REQUEST FORM**

**PROCEDURE**

**Instructions to Administrative Director**: Please follow the steps below after receiving a Paid Lactation Breaks Request Form from a Boston University Medical Group (“BUMG”) employee.

Initiate Support

1. Complete Section 2 of the form:
	1. List annual employee salary at 1.0 FTE
	2. List employee’s cFTE. Note: For off-site clinical work, where contract revenue from the host site supports provider salary and reduces cFTE, the contract revenue amount may be used to increase cFTE.
	3. Calculate salary support at 12.5% of clinical portion of salary (cFTE) using the [BUMG Lactation Support calculator](https://www.bumc.bu.edu/bumg/files/2022/02/Lactation-Support-Calculator_02-22-22.xlsx)
		1. Salary support at 12.5% of cFTE = (Annual employee salary at 1.0 FTE)\*cFTE\*0.125\*((sum of number of days requested for each month of support)/365)
	4. Enter the amount of salary support at 12.5% of cFTE for the total period of support
	5. List approved start and end dates
	6. Sign and date the form
2. Send form to BUMGFinance@bmc.org. Advise of any cFTE adjustment for off-site clinical work.
3. Work with employee to make any schedule adjustments for approved request period.
4. BUMG Finance will validate the salary support calculation, complete Section 3 of the form, and e-mail the appropriate Administrative Director with a copy of the completed form.

Payroll

1. Enter the salary cost distribution transaction in SAP by the BU payroll deadline the month in which support begins. For instructions on how to complete a salary cost distribution please click [here](https://www.bu.edu/tech/files/2015/12/QRG-Personnel-Admin-Completing-a-Salary-Cost-Distribution.pdf). Please note the following details:
	1. Enter the start and end dates from the completed request form
	2. Select Percentage as method of entry and enter total monthly salary support/total monthly salary from the [BUMG Lactation Support calculator](https://www.bumc.bu.edu/bumg/files/2022/02/Lactation-Support-Calculator_02-22-22.xlsx)
	3. Enter the following Order# for the salary support portion: 9950001392
	4. Adjust other entries to account for the salary support portion. This would usually be your home BUMG clinical account.
	5. Upload the completed request form and calculator to the transaction.
	6. For any questions, please contact BU HR.
2. Submit the sub-specialty change for that month’s approved dates as part of the monthly cFTE request from BUMG Finance.
	1. Enter the sub-specialty as “Fifth Trimester”.

Ongoing Work

1. Consider checking-in with those who have requested support on a monthly basis prior to the BU payroll deadline to confirm the status of paid breaks per the approved dates and to arrange any future schedule adjustments.
2. Submit the sub-specialty change for each month with approved dates as part of the monthly cFTE request from BUMG Finance.
	1. Enter the sub-specialty as “Fifth Trimester”.
3. If the end date changes from what was initially approved, edit salary cost distribution in SAP with the updated date and upload supporting documentation, which may be an email confirming the end date or other written confirmation.