

Planning Council Bylaws:

According to Article IV, Section 10.B. of the HIV Planning Council Bylaws: Council members who miss three (3) meetings within a 12-month period may be considered or recommended for removal from the Council except when these absences occur during a leave of absence (LOA). A written request for a LOA, up to three (3) months, may be allowed.

Please complete the section(s) below to request a leave of absence **or** for consideration of extenuating circumstances. A LOA and extenuating circumstance request must be submitted prior to the meeting.

Section 1. Leave of Absence Request (Must be received before the Council meeting)

Member Name: _____

Date: _____

To request an LOA: Please indicate information below:

First day of LOA: _____ **Last** day of LOA: _____

Please check the reason for request of LOA below:

- | | |
|--|---|
| <input type="checkbox"/> Illness/medical reason | <input type="checkbox"/> Education/School |
| <input type="checkbox"/> Bereavement/Family emergency | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Religious Holiday | <input type="checkbox"/> Public Health Emergency/Crisis |
| <input type="checkbox"/> HIV-related business. Please describe how business is related to HIV: _____ | |

Member signature: _____

Person completing request (if member is unavailable): _____

The Executive Committee may consider extenuating circumstances for a member prior to considering or recommending removing the member from Council. An extenuating circumstance request must be submitted upon exhausted LOA or as indicated in the correspondence received from Planning Council Support.

Section 2. Extenuating Circumstances (Must be reviewed by the Executive Committee):

If you would like the Executive Committee to consider extenuating circumstances before being considered or recommended for removal from Council, please describe the extenuating circumstances below (attach additional pages if necessary): _____

Are you able to meet your commitment to the Council without missing any additional meetings in the next six months? Yes No, please explain: _____

Member signature: _____

Person completing request (if member is unavailable): _____

Section 3. To Be Completed By Planning Council Support:

Date request received: _____ Request was received by: Phone In-person Email Other _____

Total LOA's in a 12 month period: _____, _____, and _____.

LOA/Extenuating Circumstance: Approved Denied If denied, reason for denial: _____

Last date of extenuating circumstance: _____ Date notification of decision sent to member: _____