



REQUEST FOR LEAVE OF ABSENCE OR EXTENUATING CIRCUMSTANCE

According to Article III, Section 6.B. of the HIV Planning Council Bylaws: Council members who miss three (3) meetings within a 12-month period shall be deemed to have resigned 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. Such requests will be granted or denied at the discretion of the Council or the Membership Committee. Members and affiliate members granted an official LOA who are absent from more than six (6) monthly meetings in any 12-month period shall be deemed to have resigned from the Council and shall be dropped from the Council membership roster whether or not the absences occurred during an official LOA period. The Membership Committee may consider extenuating circumstances of each member prior to terminating membership.

This form allows Planning Council members to request a LOA in advance or request consideration of extenuating circumstances.

Member Name: _____ Date: _____

Please describe reason for request for LOA or extenuating circumstance:

Requested first day of LOA: _____ Requested last day of LOA: _____

Member signature (if available): _____

Person completing request (if member is unavailable): _____

DO NOT WRITE BELOW THIS LINE

Person who received request: _____ Date request received: _____

Date of Membership Committee review: _____

LOA Granted. If LOA granted,
Approved first day of LOA: _____ Approved last day of LOA: _____

Extenuating Circumstance Approved. If extenuating circumstance approved,
Last date of extenuating circumstance: _____

LOA or Extenuating Circumstance Denied. If denied, reason for denial:
