

Request for Leave of Absence (LOA) or Extenuating Circumstance

Planning Council Bylaws:	
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. 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.	
Please complete the section(s) below to request a leave of absence <u>or</u> 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 check one of the option	s listed below:
One-time LOA First day of LOA: Last day of LOA:	Three (3) months LOA First day of LOA: Last day of LOA:
Please check the reason for request of LOA below:	
☐ Illness/medical reason	Education/School
☐ Bereavement/Family emergency	☐ Incarceration
Religious Holiday	
HIV-related business. Please describe how business is related to HIV: Member signature: Person completing request (if member is unavailable):	
The Membership Committee may consider extenuating circumstances for a member prior to deeming a Council	
member as resigned 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 Membership Committee):	
If you would like the Membership Committee to consider extenuating circumstances before being deemed to resign, 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: Dhone 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:	