

**APPENDIX A**

**Attendance Support and Management Policy Deviation Form**

**1. GENERAL INFORMATION**

<b>Employee's Name:</b>		<b>Employee ID#:</b>
<b>Direct Supervisor:</b>		<b>Date Reviewed:</b>
<b>Deviated Hours:</b>	<b>Start date:</b>	<b>End date:</b>

**2. REASON FOR DEVIATION (direct supervisors are required to confer with Human Resources)**

*Health PEI reserves the right to adjust or deviate from the policy depending on the individual circumstances of the employee or in other unusual circumstances.*

Reason for the Deviation:

**3. DEVIATION FROM POLICY SUPPORTED**

Human Resources consulted : Yes <input type="checkbox"/> No <input type="checkbox"/> Who: _____ Date: _____	Direct Supervisor signature: _____
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	Date: _____
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**4. For office use only:**

- Copy forwarded to Human Resources
- Deviation entered into PeopleSoft
- Deviation form placed on employee's personnel file