



Dear Employer or Supervisor,

Thank you for allowing your employee to participate in the MN HIV Services Planning Council. The Council is allowed to reimburse members for wages they forfeit by attending Planning Council meetings. We need written confirmation from you for our records that the employee was scheduled to work during the meeting time for which he/she is claiming reimbursement and his/her hourly rate of pay. Please provide the following information for your employee and sign the form. This information will be kept confidential. Please return the completed form to:

MN HIV Services Planning Council
525 Portland Avenue (MC L963)
Minneapolis, MN 55415

Thank you,

Planning Council Staff
MN HIV Services Planning Council staff
612-596-7894

Employee name _____

Hourly wage _____

I certify that the above named employee was regularly scheduled to work during the meeting time for which the reimbursement claim is made and receive wages from this organization but instead, he/she will be allowed to attend MN HIV Service Planning Council related meetings during work hours and wages will not be paid by us for this time.

Name of Organization _____

Phone Number _____

Signature _____

Printed Name _____

Date _____

525 Portland Avenue (MC L963), Minneapolis, Minnesota 55415
(612) 596-7894 phone (612) 348-3830 fax
(888) 638-3224 toll free in Minnesota
www.mnhivplanningcouncil.org