

Policy and Procedure

I N T E G R I S <i>Health.</i>	ENTITY/HOSPITAL	NUMBER
	INTEGRIS Jim Thorpe Rehabilitation	1.0
	DEPARTMENT	EFFECTIVE DATE
	INTEGRIS Jim Thorpe Clinical Development	March 2013
	SUBJECT	REVISED
	Employee Course Cancellation	

1.0 PURPOSE:

- 1.1 To ensure that Clinical Development Department dollars are appropriately utilized
- 1.2 To hold accountable the INTEGRIS Jim Thorpe Employee for their commitment to attend course offerings
- 1.3 To ensure that the INTEGRIS Jim Thorpe Employee has appropriate placement in courses

2.0 POLICY:

- 2.1 An INTEGRIS Jim Thorpe Employee who registers for a course with limited seating will be required to give at least a 10 day cancellation notice prior to the course date in order to not incur a penalty.
 - 2.1.1 Course cancellation must be in writing to the Rehabilitation Development Consultant in the Clinical Development Department. Written communication can be a handwritten notice or an electronically signed notice.
- 2.2 An INTEGRIS Jim Thorpe Employee who registers for a course with limited seating will be required to pay 50% of the cost if he or she does not give notice at least 10 days in advance of the course date or no shows on the day of the course.
 - 2.2.1 If the employee's registration is able to be filled prior to the course, the employee will only incur an administrative fee of 5%.
- 2.3 Prior to registration, the Employee will sign a waiver agreeing to the above terms. The waiver will be a document permitting payroll deduction of the amount due in the event of late cancellation or if the employee does not show for the course. The waiver can be signed manually or electronically and submitted to the Rehabilitation Development Consultant. Official registration will not be complete for the Employee until a signed waiver is received (Addendum A).

3.0 RESPONSIBLE:

- 3.1 Within two weeks of the course, the Clinical Development Department will be responsible to give managers the final roster for courses that have limited seating.
- 3.2 The Clinical Development Department will be responsible to inform each registered Employee and their manager of their approved registration to each course that has limiting seating.

4.0 PROCEDURE:

- 4.1 Once a course is decided and the enrollment is set, the Clinical Development Department will then inform the managers of the limited enrollment and ask for the number of staff and/or which staff they want to attend the course.
- 4.2 Managers will provide the Clinical Development Department their list of staff they wish to

attend the course at least four (4) weeks prior to the course date.

- 4.3 Once the course enrollment is full, other staff members will be placed on a wait list. The Clinical Development Department will send the registration to the managers within one (1) month of the course date after receiving all lists from managers.

5.0 Addendum for Unforeseen Events

- 5.1 During times of unforeseen events, employees may not be required to pay the cancellation fee. This will be determined on a case-by-case basis.
- 5.2 Approval to not be assessed the cancellation fee will need to be made by the immediate Manager, Assistant Director, and the Director of Clinical Development
- 5.3 The employee may need to provide appropriate justification for the reason of cancellation or for not attending the course.
- 5.4 Unforeseen events may include:
 - 5.4.1 A death in the family
 - 5.4.2 Severe illness
 - 5.4.3 Severe weather
 - 5.4.4 Natural Disaster

Addendum A
INTEGRIS Jim Thorpe Rehabilitation Employee
Cancellation Waiver

I _____ (print name and employee ID number) agree to the Employee Cancellation Policy. I understand that if I do not provide notice to the Clinical Development Department as stated in the Policy that I will be required to pay the appropriate fees. I authorize a payroll deduction from my paycheck for the appropriate fee. I understand that should I terminate my employment with INTEGRIS that any charges I owe will be deducted from my final check. If the amount exceeds my final check, I will be held responsible for the balance due.

Signature

Date