**DEPARTMENT OF CHILDREN AND FAMILIES**

**Masters Child Welfare Education Program (MCWEP)**

**PART III: A**

**Proposed Office Coverage Plan**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Provide an anticipated office coverage plan which outlines how you will handle being out of the office due to classes, field internship, and MCWEP related events. Provide details of who would provide the coverage of your unit during your absences. When you have completed the plan, provide a copy for your Local Office Manager to review along with the Part III: B Manager Approval Page.

**PART III: B**

**Manager Approval of Proposed Office Coverage Plan**

\_\_\_\_ YES, I approve this coverage plan.

Upon review of the attached Proposed Office Coverage Plan, I affirm that reasonable accommodation can be made for coverage during these times to enable the student to fulfill the requirements of the MSW program and I am in agreement with the proposed plan.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ YES, I approve this coverage plan, with the following modifications.

Upon review of the attached Proposed Office Coverage Plan, the following modifications are provided so that I can affirm that reasonable accommodation can be made for coverage during these times to enable the student to fulfill the requirements of the MSW program and I am in agreement with the proposed plan.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Modifications:

\_\_\_\_ NO, I do not approve this coverage plan and request the applicant submit a revised plan for review.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_