Request for 21 Day Emergency Extension
Post-Offer Pre-Placement Exam

RESIG Member:_____

Requestor:_____

Email: _____

Phone: _____

Employee Name for POPP extension:_____

Position:_____

School site/Department:_____

Date of Hire:_____

RESIG's Post-Offer Pre-Employment (POPP) Program provides an objective method based on a medical evaluation and questionnaire provided by an independent medical provider to determine if applicants for employment in RESIG Member Districts can perform the physical demands of the job they have been offered.

If a district chooses not to comply with the POPP Program, the district will be responsible for a deductible up to **$10,000** for any injury or illness resulting in any workers' compensation or property and liability claim(s) related to or attributable to a pre-existing condition that would have been screened for during a POPP exam and which directly led to the claim that is filed by that individual during their first 12 months of employment with the district.

In addition, the penalty will apply if an applicant was screened through the POPP program and hired if the applicant**:

- was found UNFIT or UNFIT AT THIS TIME for a position
- was found DISQUALIFIED for a position
- was screened for one position subject to the POPP Program, but was hired in a different position subject to the POPP Program with higher physical demands**
- was allowed to begin working before the results of the POPP physical were received, regardless of the outcome of the POPP physical **
- was not screened at all and is hired by the District into a position subject to the POPP Program**
- was a current employee placed in a position subject to the POPP Program without completing the POPP process during their employment with the district **

Unless a **21 Day Emergency Extension is requested with this form and filed with RESIG.

Important Note: **This is a request for a 21 Day Emergency Extension from the POPP Policy requirements.** ***Requesting a 21 Day Emergency Extension does not create a temporary or permanent exemption.*** **The employee in the position subject to a POPP exam may receive an extension that expires on the 21st day after [date of job offer, date of first day of paid service] unless one of the following happens before the end of the 21 day extension period: 1) clearance through the POPP exam process, OR 2) the employee is no longer in this position or is no longer an employee. Any related claims outside of these parameters will be subject to the above actions.**

In order to submit a request, please:

- Complete this form;
- Email Suzanne Pelz/RESIG at spelz@resig.org
- For permanent employees, obtain a qualified POPP exam outcome within the 21 Day Emergency Extension time parameters.

Initial next to each of the applicable statements below:

	A 21 Day Emergency Extension for a new employee is requested due to an emergency situation that requires immediate staffing
	A current employee in a position that does not require a POPP exam is being temporarily assigned to a position that does require a POPP exam to handle an existing emergency situation
	A POPP exam has been scheduled for a future date Date of exam:
	A POPP exam will be scheduled within 21 days. Otherwise, any related claims will be subject to the POPP Program actions for non-compliance with RESIG's POPP Policy.
	I understand that this 21 Day Emergency Extension will expire on the 21st day after [date of job offer, date of first day or paid service] unless, prior to the 21st day: 1) the employee is cleared through a POPP exam; OR 2) the employee is no longer in this position or an employee
	I understand that this 21 Day Emergency Extension is valid only for the approved period. An extension may be granted by RESIG under extenuating circumstances. Extensions can be requested through Suzanne Pelz at spelz@resig.org
	I certify that the information I have provided on and in connection with this request for a 21 Day Emergency Extension is accurate and complete as of the date of this submission.

Printed Name: _____

Signature: _____

Date: _____

☐ By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on this page.