Subject: FW: Electronic Service for Case Number GC-2015-0143 - Order Directing Complainant to File a Pleading Stating Good Cause for Failing to Appear at Evidentiary Hearing

Attachments: Conifer Absence Approval Form docx 09-24-2015.docx

From: Candace Taylor [mailto:candace.taylor27@yahoo.com]
Sent: Thursday, October 01, 2015 1:57 PM
To: Mueth, Marcella
Subject: Re: Electronic Service for Case Number GC-2015-0143 - Order Directing Complainant to File a Pleading Stating Good Cause for Failing to Appear at Evidentiary Hearing

My deepest apologies to the Commission, Staff, Rick Zucker, and Judge Kennard Jones

I have had a sick child with Asthma in the month of September. Due to that my job denied me to take the day off or even a half day off to come to my appearance for the hearing.

With that being said my supervisor did not respond to me in time for me to let the Commission know that I could not come to the hearing. When I did find out the morning of the hearing I totally forgot to call in because of a staff meeting in my office that morning 09/24/2015.

I have attached my request form from my office with my supervisor response where she denied me the day off.

Candace Taylor

REP, SUPPORT SERVICES

Conifer Health Solutions

500 Northwest Plaza, 6th fl Ste.600

St. Ann, MO 63074

Office: 314-513-6647 **Fax:** 314-513-6680

Toll Free: 1-888-377-3031 x6647

E-Mail: Candace.j.Taylor@ConiferHealth.com

Website: **www.coniferhealth.com**

This message may contain confidential and privileged information. Please do not forward this information without permission. If it has been sent to you in error, please notify me immediately and then delete this message

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From: Bush, Maretta
Sent: Wednesday, September 24, 2015 9:51 AM
To: Taylor, Candace
Subject: FW: Conifer Absence Approval Form.docx 09-24-2015.docx

Candace,

Your request is being denied due to you have exceeded your maximum request for time off…

Thank you,

Maretta Bush CRCR

Conifer Health Solutions

SUPV, Patient Accts

500 Northwest Plaza Ste. 600

St. Ann, MO 63074

Hours 7:30 - 4:30 pm CST

E-mail maretta.bush@coniferhealth.com

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the intended recipient, please notify the sender immediately, and delete this message permanently. Thank you.

From: Taylor, Candace
Sent: Tuesday, September 22, 2015 4:41 PM
To: Bush, Maretta
Subject: Conifer Absence Approval Form.docx 09-24-2015.docx

No Supervisor is in the office today…

Please send me a text message

Sent from Yahoo Mail on Android

From:"datacenter orders¬ices" <datacenter.orders¬ices@psc.mo.gov>
Date:Mon, Sep 28, 2015 at 10:19 AM
Subject:Electronic Service for Case Number GC-2015-0143 - Order Directing Complainant to File a Pleading Stating Good Cause for Failing to Appear at Evidentiary Hearing

The attached Order/Notice was issued by the Missouri Public Service Commission and is hereby being distributed to the above-listed recipients as directed by the Commission. The attached document shall serve as the official service copy from the Missouri Public Service Commission in accordance with 386.490 RSMo. A paper copy will only be provided to those members of the certified service list who do not have a valid e-mail address registered with the Commission.

Please contact the Missouri Public Service Commission Data Center at datacenter-psc@psc.mo.gov or at 573-751-7496 if you have questions regarding this transmission.

Absence Approval Request

Name Candace Taylor Employee ID # 000198587 Date 07/06/2015

Facility name St. Louis NIC Facility number

Absence Request/Reason for Absence

	Days Absent	Hours Absent	Absence Dates From	Through
Time Off	0	8	09/24/2015	09/24/2015
Time Off – Extended Illness (available after 80 hours of missed scheduled hours for illness or disability)	0	0		
Bereavement (up to 3 days off with pay, do not need to request PTO)	0	0		
Jury Duty	0	0		
Family/Medical Leave*	0	0		
General Leave*	0	0		
Other	0	0		

* Please complete the Leave of Absence forms.

Paid or Unpaid Time

☐ Time Off Request is without pay

☒ Time Off Request is partially without pay; _____ Indicate number of hours without pay (indicate number of PTO hours below)

PTO or Extended Illness

4 PTO hours (may not exceed scheduled hours)

☐ Check if request includes reimbursement for shift differentials (paid in addition to base rate on PTO hours, but may not exceed scheduled hours in which shift differential would apply)

_____ Extended Illness hours (may only be used after 80 hours of missed scheduled hours-see policy HR-716)

Supervisor Approval Date

☐ Form received in accordance with policy, Time and Attendance, HR-717.

Request for time off is : ☐ Approved ☐ Denied Reason for Denial:

Request to sell PTO (Indicate amount in hours)

I wish to redeem 0 PTO hours.

I am aware that the accruals to my PTO account will be suspended for 6 pay periods following distribution. (Supervisory approval not needed.)
Please fax directly to confidential payroll fax: 469-893-2013

Employee Signature

Employee Date

CONIFER HEALTH SOLUTIONS

Copy: Employee/Supervisor