



Leave Restriction

On __ __, 2000, you were given a letter of expectation regarding your frequent absences. You were advised to improve your attendance or face the possibility of leave restrictions.

I have conducted an additional review of your leave record for the period from ____ __, 2000, to __ __, 2000. During that period your leave usage has been as follows:

<u>Date</u>	<u>Hours</u>	<u>Leave Type</u>	<u>Comments</u>
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This is a total of __ hours of sick leave and a total of __ hours of vacation used since __ __, 2000. Currently, you have balances of __ hours of vacation and __ hours of sick leave.

Absences are disruptive to the work schedule and the unit. Absences adversely effect your work performance. Your frequent absences and late arrivals put an additional unfair burden on your Supervisor and co-workers. They must either assume the duties you would perform or allow the work to remain undone.

My records do not indicate that any of these absences were FMLA-qualifying. If you do have a serious health condition of which I should be aware, please let me know.

Effective upon your receipt of this memorandum and continuing until further notice, you are required to submit a written request for sick leave with a satisfactory medical certificate for all sick leave or leave without pay requested due to illness or incapacitation. Any request for leave due to illness or incapacitation not supported by a satisfactory medical certificate will be denied and you will be disciplined for unexcused absence and/or the failure to follow leave procedures. The required medical certificate must be provided to me immediately after you return to duty following the absence.

All use of sick leave for scheduled appointments must be requested in advance of your absence from work. You must give these written requests to me and provide a satisfactory medical certificate immediately upon your return to work. These requests will not be approved if a satisfactory medical certificate is not received.

A satisfactory medical certificate is:

- 1) a written statement,
- 2) signed by your medical practitioner,
- 3) certifying to the examination, treatment or period of disability, and
- 4) clearly showing the dates (or hours if less than one day) of incapacitation.

If necessary, additional information may be requested in support of any final decision to approve or disapprove sick leave.

Additionally, any request for vacation or leave without pay must be submitted in writing at least five workdays in advance of the requested dates, unless I have approved such leave on an emergency basis. I have the authority to approve or disapprove leave requests for emergency situations based on an evaluation of the necessity for the absence. This also means when you are not here and ready to begin work at your scheduled time you will be charged as absent without approval in 15 minute periods until you arrive at your work station and begin work.

If you are absent and do not submit a request for sick leave or vacation, you may be disciplined for an unexcused absence. Disciplinary action up to and including dismissal can result from such a charge. Further, you will not be paid for periods of unexcused absences.

All written requests for leave and vacation and medical certificates, must be submitted to me within the timeframes listed above. If for any reason you are unable to report to work on time, you must call me at _____ by ____ a.m./p.m. If for any reason I am unavailable, you must call ____ at ____ by __ a.m./p.m. Failure to do so will subject you to disciplinary action.

If you are experiencing significant off-the-job difficulties, I remind you that the Employee Assistance Program (EAP) is available at 1-800-657-3719, or 651-259-3840 in the Twin Cities metropolitan area.

If you have any questions on anything presented here, or if you wish to discuss this issue, please do not hesitate to contact me.