



Letter of Expectation Regarding Leave

Due to your [--frequent late arrivals/frequent absences/excessive use of sick leave--], I conducted a review of your leave record. Currently, you have a balance of __ hours of vacation and __ hours of sick leave at the close of the of pay period ending on __, 2000. During the past __ months, your leave usage has been as follows:

<u>Date</u>	<u>Hours</u>	<u>Leave Type</u>	<u>Comments</u>
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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.

You have been a full-time unlimited [--or other employment condition--] at this institution for over __ years. Your leave usage has caused me to become concerned.

Your requests for leave to cover absences, whether for illness, incapacitation or other reasons, will be reviewed by me. Approval or disapproval will be dependent on staffing and/or workload requirements as determined by me. In the event that a leave request is not approved and you were absent, you will not be paid and discipline may result for unexcused absences or other appropriate reasons.

It is in your best interest to build a good leave record and establish a "leave cushion" in the event you become seriously ill or injured, or other unexpected circumstances necessitate your absence. This counseling letter is being issued to encourage you to do that. It is also in the institution's best interest to have you on the job, performing your duties. Your leave usage will be closely monitored. If it does not improve, you may be required to furnish a satisfactory medical certificate for any absence chargeable to sick leave. Further, I may decide to disapprove your requests for vacation.

It is my hope that by bringing this matter to your attention, you will take the appropriate actions to rectify the situation, and that there will be no need to address this further. If you have a health condition or other circumstance that interferes with your ability to work a full time schedule, please let me know so that we can pursue an appropriate resolution.

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.