Date

To: Employee

From: Supervisor

Subject: Letter of Leave Restriction

This is to inform you that your excessive use of unscheduled sick leave continues to pose a problem to the efficiency of the \_\_\_\_\_ Division. As I have discussed with you, on several occasions, it makes it difficult to assign work to you when your supervisors are unsure of your daily attendance. I have attempted to impress upon you the need for your regular attendance at work. However, your sporadic and unscheduled use of sick leave indicate that you have not taken our discussions seriously. Because of this, I find it necessary to restrict your use of leave. These restrictions will be in effect for a period of six (6) months after which I will review your progress and determine whether to continue the restriction. You are to adhere to the following procedures for requesting and using sick leave and annual leave.

You are to notify me on (PHONE) no later than 9:00 a.m. of the first day of any absence due to illness and on each succeeding day you are ill, unless you provide a physician’s statement including specific information about the duration of your illness. If I am unavailable, you are to contact \_\_\_\_on (PHONE) If \_\_\_\_ is unavailable, you are to contact \_\_\_ on ((PHONE). If none of us are available, you are to leave me a voice message explaining the nature of your illness and provide a telephone number where you can be reached.

You are to present to me, on the first day of your return to duty after your absence due to illness, a physician’s certificate stating: the date(s) you were incapacitated for work due to illness; the nature of your incapacitation with sufficient information to permit a determination concerning whether the absence(s) is appropriate. This information must include the diagnosis and prognosis of your ailment; and that the incapacitation prevented you from performing the work of your position on the work days in question.

You are to request sick leave in advance for any medical appointment, including dental and optical, and family member medical appointments, that requires you to be absent from work. Your request must be made in writing and should be submitted to me at least 24 hours in advance of the scheduled appointment. Upon your return to work after your scheduled appointment, you must provide me a physician’s statement attesting to your presence for examination or treatment.

While this leave restriction notice is in effect, I will not approve any advance sick leave. Approved absences for sick reasons, for which you have no available sick leave to cover, may be applied to LWOP with my concurrence.

Absences for sick reasons that do not adhere to these instructions will be applied to absence without leave (AWOL). An accumulation of AWOL may be grounds for disciplinary action.

These are serious measures taken only because previous attempts to assist you in attending work on a regular basis have failed. I recognize that placing you under a leave restriction is a serious step, but I believe it is a necessary one due to the adverse impact on the office created by your unexpected absences from work. Because of limited staff, we must depend on the daily attendance of all employees to ensure that the objectives of the \_\_\_\_ Division are met.

I am available for discussion if you have questions regarding leave and the contents of this notice. Additionally, if you have not already done so, it may be helpful for you to consult the Employee Assistance Program (EAP) if you believe a personal or health problem is contributing to your excessive absences. \_\_\_\_\_, the EAP Counselor may be reached on (PHONE).

**I acknowledge receipt of this notice.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature Date**