



## ATTENDANCE MANAGEMENT TRACKING DISCIPLINARY ACTION

This form is to be used solely with the attendance management policy and is the documentation and formal notice to the employee of not meeting the expected attendance standards. Each form should be signed by the employee, supervisor/manager and the next level of management. Send the original form to the HR Service Center, Phipps 455. Send a copy to the HR Consulting & Labor Relations Office, Phipps 481 and place one in the employee's file in their department. The employee also receives a copy.

All written warnings with decision making leaves must be reviewed by the department/administrator and the HR Consultant & Labor Relations Office before implementation. The Attendance Management Policy is to be reviewed before issuing any action.

EMPLOYEE NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DEPT/UNIT NAME: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

### CHECK REASON FOR AND EXTENT OF DISCIPLINARY ACTION AND DATE ACTION WAS ISSUED:

3 OCCURRENCES W/IN 12 MONTHS = COUNSELING (NOT DISCIPLINE)

DATE: \_\_\_\_\_

5 OCCURRENCES W/IN 12 MONTHS = WRITTEN REPRIMAND

DATE: \_\_\_\_\_

7 OCCURRENCES W/IN 12 MONTHS = WRITTEN WARNING W/SUSPENSION

DATE: \_\_\_\_\_

8 OCCURRENCES W/IN 12 MONTHS OR 2<sup>ND</sup> SUSPENSION W/IN 6 MONTHS = DISCHARGE

DATE: \_\_\_\_\_

**LIST FIRST DATE OF ALL CHARGEABLE OCCURRENCES OF ABSENCES AND SHORTEN WORK SHIFT (LATENESS) AS DEFINED BY THE ATTENDANCE MANAGEMENT POLICY (ATTACH COPY OF NEGATIVE TIME REPORT COVERING THE PERIOD FOR WHICH DISCIPLINE HAS BEEN ISSUED):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_ 12. \_\_\_\_\_

13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_

THE EMPLOYEE IS HEREBY NOTIFIED THAT CONTINUED ABSENCES AND/OR LATENESS WILL RESULT IN PROGRESSIVE DISCIPLINARY ACTION THAT COULD LEAD TO TERMINATION.

EMPLOYEE'S SIGNATURE BELOW ACKNOWLEDGES RECEIPT OF A COPY OF THIS DISCIPLINARY ACTION FORM AND DOES NOT NECESSARILY MEAN THAT THE EMPLOYEE AGREES WITH ANY PART OF THIS ACTION.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPT. HEAD SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_