



To: _____

FROM: _____

RE: **Time and Attendance Action**

Please be advised that you were absent from duty on _____
for one of the reasons indicated below:

You have been counseled for abuse of Sick Leave credits but you continue to demonstrate a pattern of abuse.

You failed to notify your Department of your absence.

You did not obtain approval in advance for your absence.

Insufficient leave time to cover absence.

Failure to provide satisfactory medical documentation of illness in violation of Attendance Watch.

As a result of the above, we are recommending to the Personnel Office that you be removed from the Payroll for the date (s) in question.

Signature of Department Head

cc: Personnel
Payroll