



SUNY DOWNSTATE Medical Center

To:

NYS ID #

From:

Re: **Time & Attendance Action**

Please be advised that you were absent from duty onas **Annual/Sick leave**, this resulted in us taking action to dock you for**days**. because of 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 the Department of your absence.
- ☐ You did not obtain approval in advance for your absence.
- ☐ Your time is insufficient to cover absence.
- ☐ You failed to provide satisfactory documentation in a timely manner.

Cc: **AND/DIRECTOR/SUPERVISOR**

450 CLARKSON AVENUE, MSC 10, BROOKLYN, NY 11203