

SAMPLE LEAVE RESTRICTION LETTER
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[NOTE: The brackets below contain supervisory instructions and should not be included in the letter. The following memorandum covers a variety of issues: tardiness and attendance problems, abuse of leave, etc; documentation requirements for leave used for health-related reasons, etc. In constructing this memo, select only aspects that are applicable to your employee's situation. Leave restriction letters must be prepared on official letterhead. See instructions in Chapter 2 regarding supervisory-maintained personnel records. It is recommended that leave restriction letters be reviewed by an Employee Relations Specialist prior to issuance.]

To: Employee Name, Title
From: Supervisor Name, Title
Subject: Leave Approval and Documentation (Leave Restriction)

I have previously counseled you regarding your tardiness, your use of sick leave, and your failure to follow proper leave approval procedures. Your duties continue to suffer due to your many absences and your tardiness. It is disruptive to many staff members when they have to fill in for you. You need to significantly decrease your rate of absenteeism and tardiness, and you need to consistently follow leave approval procedures or you may be subject to disciplinary action, up to and including removal from your position.

[State a legitimate, work-related reason for issuing this letter. The following examples are provided to illustrate several types of work-related problems that you have the authority to address. The example(s) you list do not have to be as extensive and obvious as those listed below.]

With regard to your absenteeism, you have used 144 hours of annual leave and 222.5 hours of sick leave since May of 20___. Most of the annual leave was unanticipated, i.e., used primarily for illness and not requested in advance. Your current annual leave and sick leave balances are zero (0). In addition, I approved leave-without-pay (LWOP) for 7 hours on June 2, 20___, and 8 hours on June 15, 20___ because you did not have sufficient leave to cover your recent absences due to illness. Your unanticipated absences from work on annual leave, sick leave, and LWOP typically occur on Mondays or Fridays, at two-week intervals.

With regard to your tardiness, you arrived at work between 20 and 25 minutes late on the following dates: May 14, 15, 17, 20, and June 7, 8, 10, 11, 14, and 17, 20___. On May 25, 20 you called in at 8:00 a.m. to request 2 hours of annual leave. On June 1, 9, 16, and 18, 20___, you called in after 8:00 a.m. to request annual leave so that you could arrive late to work.

It is essential that you meet the standards of attendance necessary to do your job. This office maintains a small staff relative to its work load, and I must be able to depend on you to be present to carry out your duties. Your absenteeism and tardiness limits your ability to effectively carry out your assignments and is negatively impacting the efficiency of this office.

Effective immediately, you will adhere to the following instructions regarding time and attendance, and leave approval procedures:

1. Except in cases of illness or unavoidable emergency, you must obtain approval from me (or my designated Acting if I am absent) IN ADVANCE for any absence from work or for late arrival to work. If I am not available (or my designated Acting), leave a message and your call will be returned. No other employee has the authority to approve your leave (i.e., sick leave, annual leave, or LWOP) or authorize late arrival to work. An unapproved absence will result in a charge of absence without leave (AWOL). AWOL can be the basis for disciplinary action.
2. You must observe your designated duty hours, which are from _____ to _____, unless you obtain official approval to change your hours. If you arrive late to work, you will be charged with AWOL in 15-minute increments for the time you are not at work.
3. If you are unable to come to work because of illness and are using annual leave or sick leave, or requesting permission for leave without pay, you must notify me by a.m. If I am unavailable, you must speak to my acting. If you are absent due to personal illness or medical appointment, you must provide a doctor's certification on a SF-71, Application for Leave, or on the physician's letterhead stationery, regardless of the duration of the illness or length or type of medical appointment. If you do not provide a doctor's statement for your sick leave absences, you will be considered absent without leave. AWOL can be the basis for disciplinary action.

If you believe that personal, medical, or other problems are reasons for the problems addressed in this memo, you may provide documentation of a medical condition or discuss these problems with me. You may contact the Employee Assistance Program at [telephone] for assistance.

If you would like to discuss this further, please see me.