



Absenteeism Notice of Corrective Action

Employee Name: _____ Date: _____

Job Classification: _____ Department: _____

Union Representative Requested: (Check One) Yes ___ No ___ Initials: ___

Please check level of corrective action:

- ___ Verbal Counseling
- ___ Written Warning 1
- ___ Written Warning 2
- ___ Suspension on Paper 1
- ___ Suspension on Paper 2
- ___ Termination

Corrective action is being issued per the Absenteeism Guidelines policy.

Corrective Action Intervals for Sick Days

| Sick Day levels | 5 | 7 | 9 | 11 | 13 | 16 |
|------------------|-------------------|-------------------|-------------------|-----------------------|-----------------------|-------------|
| Actions Required | Verbal Counseling | Written Warning 1 | Written Warning 2 | Suspension on Paper 1 | Suspension On Paper 2 | Termination |

You have accumulated _____ Sick Days/Late In/Early Out.

Dates [may attach additional documentation]:

Employee's Statement [may attach written rebuttal]:

(check one): ___ I agree with above ___ I disagree with above (explain reasons why below):

I understand that if I disagree, I may appeal by filing a grievance (if available) or by filing a written rebuttal that will be attached to this document.

My signature below only indicates that I have received this information and understand it. I also understand that future instances may result in corrective action up to and including dismissal.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Union Rep. (if applicable): _____ Date: _____

Copy to: Employee (if requested), Human Resources and Department